

# THE AMERICAN JOURNAL OF NURSING

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## EDITORIAL COMMENT



### THE MAY MEETING

FULL and interesting reports of the recent meetings in New York of the Superintendents' Society, the session on Invalid Occupations, and of the Nightingale Commemoration will be found in the official department of this magazine, and we hope to give next month the complete report of the Associated Alumnae meeting, with the papers read. Though there was no lack of inspiration, enthusiasm, and good fellowship, there was an air of quietness and repose in the convention, caused partly by the fact that our thoughts were turned toward Miss Nightingale's quiet room across the sea, partly by the shadow of Mrs. Robb's loss, partly by the thought that several of our leading women in both societies were kept from their accustomed places by illness.

### THE ISABEL HAMPTON ROBB MEMORIAL.

Both the Superintendents' Society and the Associated Alumnae wished to commemorate in some fitting way Mrs. Robb's services to nursing education. It was decided that a fund for post-graduate work, to be available as soon as the interest is sufficient, should be established, for the use of students, either in the course of Nursing and Health at Teachers' College, or in any other properly equipped school.

A joint committee to have charge of this fund was appointed from the two societies.

The name of the chairman, Miss Hay, will be published in the official directory of the JOURNAL each month, with the address to which contributions are to be sent. That no special appeal is needed to interest nurses in contributing to this fund is shown by the fact that, at the

Associated Alumnae meeting, the mere fact was announced and ushers passing through the audience collected pledges to the amount of several thousand dollars.

#### THE JOURNAL PURCHASE FUND.

No special appeal for the JOURNAL was made, either, but when the treasurer of the Associated Alumnae, on the last afternoon, read a list of gifts which she had received during the convention, delegates began to rise and give pledges, and before anyone realized what was happening, the amount on hand and in prospect rose to the equivalent of eighty-three shares of stock. It is confidently expected that the purchase will be completed within another year.

#### THE JOURNAL'S MISSION

The JOURNAL is to be considered by all members of our national societies as not only a magazine helpful to the individual nurse in her work, but as the official organ of our national and of many of our state societies, as the place for announcement of matters of importance, as the means of keeping in touch with each other, as the connecting link between all our varied interests.

#### THE FIELD SECRETARY

For a long time, the need of a field secretary for the Associated Alumnae has been more and more evident, but it has seemed impossible to pay the salary necessary to secure one. This problem has been happily solved by the suggestion of Miss Delano, the president, made at the opening meeting, and later adopted, that a field secretary be employed for the Associated Alumnae, the JOURNAL, and the nursing service of the Red Cross, who shall go about among the societies giving her time to helping them in their needs and promoting all of these interests. Miss McIsaac has been chosen to serve as such a secretary for the coming year, beginning her work in the fall. She needs no introduction to the majority of our readers. She is known and loved and honored all over the land, and the success of the new venture could not be better secured than by putting it in her hands.

It is hoped that during the coming months she may visit many societies,—state, county, city, and local. All those who wish for her presence should begin planning now, so that in making her itinerary she may cover as much ground as possible without retracing her steps. While the salary granted her will insure the giving of her time, it will not include travelling expenses, which must be provided for by asso-



ciations she visits,—another reason for co-operation between them. Miss McIsaac's address will always be found in the official directory under the heading, Inter-state Secretary, and arrangements should be made directly with her.

#### MISS DAMER'S ILLNESS

By one of those unexplainable accidents which sometimes occur, every New York nurse took it for granted that the JOURNAL had been informed of Miss Damer's accident and subsequent illness and no one sent word of it until, weeks after it had occurred, a western nurse alluded to it in a letter. Even then, we could not by inquiry get more than the briefest statement, and the real facts were not known until we attended the convention, met Miss Damer's friends, and later heard from her directly. The accident was a much more serious one than was indicated by the first reports.

Miss Damer was driving the children of Echo Hill Farm to church on Palm Sunday when the horses ran away. She was hurled out, thrown against a tree, and dragged a long distance. Her head was badly injured, one eye was so affected that she has not yet recovered its use, and her face was scarred. She was under treatment in Mt. Sinai Hospital for a time, but later returned to the Farm, though she is in too weak and nervous a state as yet to take up her duties.

Miss Damer's service as president of the Associated Alumnae for six years, and her active part in all the nursing work of New York State have made her widely known and much in demand. Many hearts will sympathize with her and all will hope for her speedy restoration to health.

#### NEW YORK HOSPITALITY

The New York Nurses proved themselves most delightful hostesses. All the arrangements for business or for the comfort and entertainment of their guests worked smoothly and delightfully. It seemed marvellous that, in a great city, halls could be secured for the meetings, which were free from street noises and where the speakers could be heard. The opportunity of visiting Teachers' College, the wonderful mass meeting at Carnegie Hall with its uplifting music, its noted speakers, and its enthusiastic audience, the receptions at Teachers' College, at the Central Club House, at the Nurses' Settlement, and at the Bellevue Residence,—the privilege of seeing the beautiful and rare paintings at Mrs. Havermeyer's home and of receiving her gracious hospitality,—and the crowning event of all, the restful boat trip—were unusual experiences to be much prized and long remembered.

The papers given were all good and there were not too many of them. The time for discussion was somewhat limited, but this seems almost unavoidable. The sessions opened and closed with satisfactory promptness, and the presiding officers of both societies were commended by all for their ease of manner and skill in conducting the proceedings.

#### THE POST CARD

No one who attended the meetings will forget the activity of the Illinois nurses who came with thousands of the Nightingale post-cards, and sold nearly all of them. Their generosity was twofold, for not only will the shack to be built from the funds, for nurses with tuberculosis, be open to graduates of any school, but the receipts from the sale at the convention were equally divided between the shack and the JOURNAL Purchase Fund.

#### THE "IMMIGRANTS"

The "Immigrants" had dinner together one evening, more than thirty being present. Miss Damer was sadly missed, and the other absent ones were remembered and accounted for as far as possible.

#### CHANGE IN OFFICERS

Miss Riddle, of Newton, Massachusetts, was chosen as the president of the Superintendents' Society. She hopes to spend part of the summer abroad. The Associated Alumnae's president and secretary are unchanged, but Mrs. Twiss, of New York, became treasurer, succeeding Miss Davids whose long and faithful service has been much appreciated.

#### THE NEW YORK INSPECTOR

THE announcement has been officially made from Albany, during the month, of the appointment of Annie W. Goodrich, R.N., as inspector of training schools under the Department of Education of the State of New York.

Miss Goodrich's broad experience in the executive management of training schools makes her appointment one of peculiar fitness. A graduate of the New York Hospital, she has held the positions of superintendent of the training schools of the Post Graduate, St. Luke's, and the New York Hospitals, and, for the past three years, of Bellevue and Allied Hospitals. There is no problem, either educational or executive, in connection with the training of nurses that she has not been called upon to deal with, and her broad experience in all organization

life of the country has given her those qualities of leadership which the position requires. Her professional experience and her personal qualifications give her those attributes which will inspire quick confidence and sympathetic co-operation from the members of her profession throughout the state with whom she will be brought in contact. She will take up the duties of this new position September 1.

#### MISS SAMUEL'S RESIGNATION

MARY E. SAMUEL, R.N., well known as one of the prominent superintendents of nurses in New York City, leaves her position at Roosevelt on July 1. Miss Samuel finds herself greatly in need of rest and for that reason will drop out of nursing work for some months, possibly taking a trip abroad.

It will be remembered that Roosevelt is one of the New York hospitals which shortened its term of training from three years to two, some time ago. Miss Samuel has found the shorter term a cause of great mental strain, both to herself and to her pupils, and the results have not been satisfactory to her, though she has conscientiously done her best in adjusting the necessary training and instruction to the changed conditions.

#### THE NEW YORK COUNTY REGISTRY

PAULINE L. DOLLIVER, for ten years superintendent of nurses at the Massachusetts General Hospital, has been appointed to the position of registrar of the central directory in New York City, to assume her duties September 1.

The appointment of such women as Miss Davis and Miss Dolliver to positions at the head of central directories justifies our prediction, made some months ago, that the establishment of central registries in the large cities offers positions of dignity and responsibility for our most able and trusted women.

#### DEATH OF DR. ELIZABETH BLACKWELL

A FEW months ago we commented on the death of Dr. Sarah Adamson Dolley, the second woman graduate in medicine in this country. Now comes the announcement of the passing away in Hastings, England, on May 31, of her predecessor, the first woman to graduate in medicine, and one who was known the world over.

Dr. Blackwell was born in England in 1821, and has lived there since 1869, but she came to America as a child, and it was here that she secured her medical education and did her first medical work. After

applying to all the medical schools of Philadelphia and New York, and to ten country colleges, she was finally admitted at Geneva University (now Hobart College). After graduating with honor, she studied in London and Paris, and practised in New York City, where she established the Infirmary for Women and Children, which was the first hospital conducted wholly by women. The whole story of her life, as given in *The Woman's Journal* for June 4, is fascinating reading.

#### A SCHOLARSHIP AVAILABLE NOW

MRS. HELEN HARTLEY JENKINS has added to her already great contribution to nursing education in offering a scholarship in memory of Mrs. Hunter Robb, to be called the Isabel Hampton Robb Scholarship. It is to be awarded to some candidate for admission to the department of Nursing and Health at Teachers' College, New York, and will be given preferably to some student who wishes to fit herself for the training of nurses.

The scholarship provides the sum of \$250 and will be available during the academic year, 1910-1911.

A candidate desiring to apply for it should at the same time apply for admission to this department of the College, in order that her eligibility may be determined.

## THE RELATION OF NURSING TO GENERAL EDUCATION \*

By JAMES E. RUSSELL, LL.D.

Dean of Teachers' College, Columbia University, New York City.

It is a great pleasure to welcome to this institution the representatives of a sister profession.

Teachers' College has been trying for the best part of a generation to develop a mode of training suited to the needs of teachers. We have discovered that the point of emphasis in the teacher's profession is shifting. Not many years ago it was looked upon as the chief part of its service, to give that kind of preparation that would qualify a few to become leaders of the many. Under an organization of society where the many were expected to follow, to be obedient and submissive, it was of the greatest possible importance that those who were set apart, for social reasons, or by reason of wealth, to positions of prominence and leadership should be fitted for that work.

In a sense, therefore, the work of the teacher of generations past has been remedial, in making good the deficiencies of those who in their time were destined for positions of prominence. With the shift that has come in our social life, particularly during the past hundred years, we have come to realize that education is not merely remedial, but that it must be preventive as well. It is all well and good to say that if you have competent leaders, social stability will result, but it follows, as a consequence, that the masses must be trained in submissiveness and trained in obedience. A state church, like the great Church of England, may play an important rôle in such a work as this. A military system, such as Germany and Russia have, may be most important, and it is possible too in a state of social caste to fix things so that those who are born in the lower strata of society will find it practically impossible to get out, and for that reason will be forced to keep on in the ruts where they find themselves.

Even in the Old World, conditions have changed in the past fifty years. The English Church no longer plays the rôle that it did a generation ago, and the great disturbance that we read of in English political

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\* Address of welcome delivered at the special session of the Superintendents' Society and the Associated Alumnae, held at Teachers' College, New York, May 18, 1910.



life to-day is due primarily to the demand from the masses for that kind of training which will fit them to earn a decent livelihood and to play their part in the general social life. In our American democracy it is of course of supreme importance that the masses of the people shall be trained not merely in lines of technical skill, but also in the disposition to follow capable leaders and shall be given those ideals of life which make for citizenship. That is the task of the American teacher to-day, not merely to offer a knowledge of the three R's, of the classical languages, of mathematics, and certain suitable courses of study, not merely to give that kind of discipline which will enable people to think through clearly a problem to its end, but it is incumbent upon us, largely because we have no great overpowering national church, no conditions of caste in our social organization, such that it is impossible or impracticable for those born in lowly stations to rise, to train our people to be intelligent, to be skilful, to be obedient and submissive to reasonable laws and regulations, because they know that this is the better way.

In a sense, therefore, our education in these last fifty years has shifted from a process of giving instruction in a few subjects important to the select few, over to the bigger view that takes into account the whole round of life of the oncoming generation. Once you take this larger view, it is obvious that the teacher has need of a much higher degree of general intelligence than ever before. We need, to be sure, instructors in many lines, competent to give that kind of instruction which the few need, but we need to develop, as we have never needed at any time in history, those capable of taking a wide social view, those capable of organizing educational forces of all kinds in such a way as to prevent social disorder, to overcome social unrest, to make unnecessary repressive military measures and, in a measure, to take the place of the great controlling agencies of state and church such as we have known in generations past.

This, I take it, is preventive educational work. Looked at from this standpoint, the child is not merely an individual to be instructed a certain number of hours a day in the classroom, but the child is a physical organism that must be looked after with the most careful scrutiny. The conditions of life in the home must be studied, and the relations of home and school well understood. I have no excuse to offer, therefore, for urging the upbuilding in this institution of a great technical school for women, to give instruction in the household arts, in the hygiene of clothing, in nutrition, in sanitation, in all that goes to make the home scientifically correct and artistically pleasing.

A part of our work for some years past has been the training of

nurses for superintendents of hospitals and heads of training schools for nurses. You have a right, you representatives of this nursing profession, to exult in what has been accomplished by you in a professional way in these past few years, and I take it that at no previous meeting have you had so good cause for self-congratulation as you have at this. Yet, my friends, through it all there must run a note of sadness, the minor chord struck by that terrible accident in Cleveland a few weeks ago. One of the most intelligent nurses, most devoted mothers, most noble women dropped out of your work. I would, if I could, say a word in appreciation of the services of Mrs. Robb to the cause represented by her work in Teachers' College, but words fail me. Only a few weeks ago, the last time I ever saw her, she came to my office and told me that she had heard that I had expressed an opinion that perhaps our part of the work for nurses was done, that on account of the way being open for a specialized training, possibly other agencies would be willing to take up the burden of training nurses for the headship of these nurse training schools. She begged that I give up that thought, saying that she had devoted the best part of her later life to promoting this one idea; and, pointing her finger at me, she said, "I tell you that no matter what you may do or what your friends may do for nurses, there is no greater work to-day in this country than that which aims at the generous, all-round training of those women who are to head the nurse training schools."

I had to confess to her that I had dropped the remark of which she accused me, and it had been done mainly because I did not see the way clear to provide the money necessary for carrying on that enterprise. To be sure, we have recently received a most generous gift from a friend seated on this platform, for advancing the interests of nurses along certain newer lines. It does provide for a certain amount of instruction and for the maintenance of the directorship of such a department, but it does not provide, and I see no way of providing, for that particular chair which Mrs. Robb had closest to her heart. If, as has been intimated to me to-day, the appreciation of her services as a nurse and our loving thought of her as a woman should lead to the connection of her name with some phase of this new work in which we are engaged, I can assure you that it will meet with a very cordial reception on the part of this institution. We never went to her at any time during these past ten years for assistance, for counsel, for anything that she could give, that we did not get it and get it in unstinted fashion. Surely, it would be a fitting testimonial to carry on for generations to come, under her name, the work which I believe did lie closest to her heart.

It has been said, you know, that teaching is the noblest of professions, but the sorriest of trades. I think that might be turned to nursing as well. There is no trade sorrier, I am sure, than nursing, and there can be no profession nobler than nursing. So long as the nursing work and the profession that it represents can be looked upon as confined exclusively to the remedial phase, naturally the nurse must be the handmaid of the physician, and naturally, too, it will follow that her professional status must be strictly subordinate to that of her superior. Indeed that is a noble ambition, and yet medicine itself is advancing by leaps and bounds. The emphasis is coming over rapidly from the remedial aspects of medicine to the preventive aspect, and as the medical profession is raising itself in public esteem and is taking itself out of the category of the trades and putting itself high on the roll of the professions, so it must follow that nursing, in proportion as it becomes preventive, far-seeing, intelligent, it too will range itself on this professional scroll of merit. The physician who will say that he wants as little as possible of intelligence in his helpers will some day be forced to make public profession of his own ignorance. The world is all against that kind of professional service. There are, to be sure, some noble men, some keen and capable men in every profession, who do not take the long view, but there can be, bear this in mind, there can be no intelligent work looking to the long future, looking to the upbuilding of humanity, looking to the bettering of social conditions and the righting of social wrongs that is not guided by an intelligence vastly superior to that which is confined to the finger tips, however skilled they may be.

My friends, don't hesitate for one moment in your striving to put those who are capable of leadership in your profession on the highest intellectual plane. There will always be enough, no matter what the efforts you put forth, no matter how earnestly you may strive for these better things, there will always be enough on the lower plane. Theirs the task to do a great service under direction. Others are needed to organize and direct the new movement. We need you in education, just as we need the new type of lawyer, and just as we need the new type of physician, so we need the new type of nurse, and we need it all, and them all, for educational purposes, for the upbuilding of man, for the upbuilding of a better social order, and for the improvement in human life in that future towards which we are striving. There is no danger so great for any group of men or women as contentment with things easy to get. The best things are the hardest to get, and if some of these best things looming up now in enormous proportions through your professional service seem almost unattainable, that of itself is the

finest argument that can be adduced for working straight forward till you get it.

I bid you welcome, therefore, to an institution dedicated to education in its broadest aspects, to the training of the teacher in the kindergarten, the elementary school, the high school and the college, to the training of the teacher in the tenement district, of the teacher who is called Visiting Nurse in the public school system, and of the teacher who is to train other teachers to a nobler service as nurse.

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## A ROUGH NIGHT'S WORK

A STORY OF THE DEEP SEA MISSION ON THE LABRADOR

By MAY SIMPSON

THE summer had ended, and a busy one it had been with scarcely an empty bed in the hospital. Men and women of all kinds, with every conceivable ailment, and of varying nationality, had for a time occupied places in the wards until, as they became convalescent, their beds were filled by other and more urgent cases.

The hospital had to be closed for the winter, no one remaining in the isolated settlement after the summer fishery was done. On every hand there were signs of a great exodus, but to none came the difficulty experienced by the hospital staff—of moving in a few hours' notice with several sick folk in charge. Toward the end of the summer their numbers were always lessened as far as possible. Some were sent home with directions as to treatment, and others were taken away by friends as they sailed in their little crafts toward the south. But there were always some cases too serious to be discharged, and these were removed on the mail boat to the hospital two hundred miles down the coast, which remained open all winter.

It was a stormy evening near the middle of October when Mary Ann Johnson was admitted to the ward. The little mission steamer had carried her from a wretched home where the doctor had found her in a pitiable plight. The only womenfolk who had been around during the summer had gone back with their crews, while she had been left to face the journey as best she could when the time came. Her husband had been compelled to leave some weeks earlier, and the skipper to whose "crowd" she belonged knew how ill she was but he had "shipped her for the voyage" and all he thought of, probably, was the extra work it would entail if one of his hands dropped out—especially if it happened



to be the "girl" who cooked and cleaned and patched and darned for the whole fourteen of them.

"She was a great one to work," so the men on her "room" said, and there was no doubt that she had endeavored, to the best of her ability, to fulfil her part of the contract, until at last she could hold out no longer. The doctor was sent for and he ordered her immediate removal to the hospital.

The night of her arrival seemed as if it were to be the birthnight of the little stranger she was wearying for, and the Sister in charge was busy getting all in readiness. But the night passed away, and the day dawned, and still Mary Ann waited. Two days passed, three, four, then a week, and nothing had happened.

Then a fresh difficulty arose. What if the mail boat returned for her last trip before she was through it all? It happened so. A week later, one early morning, the steamer's horn sounded, and the hospital staff knew that their days of remaining were numbered. Five days only, and the boat would be back from the north, and that would be the last opportunity of getting away from the desolate coast before the ice blocked all access to the outer world for eight long months. About two o'clock in the afternoon of the fifth day, some one came running down from the hill nearby with the news that her smoke could be seen at Emily—the next harbor—and in all probability she would be in before nightfall.

But the days were short, and the darkness came all too fast. The wind was rising too, and a nasty rain falling, no comfortable night to go out into the darkness of the open sea and board the mail boat with half a dozen sick folk.

When the whistle sounded the patients, warmly wrapped up and waiting ready in the hall, were the first to be got down to the wharf. They formed a wierd procession guided by the light of one or two flickering lanterns, and accompanied by the dismal howl of a few Eskimo dogs. It was intensely dark, and miserably cold and wet. No wonder the doctor felt anxious as he lifted or led each of his patients into the trap boat awaiting them. Even in the harbor it was no easy thing to get them stowed away, and the worst was yet to come. They bent to their oars with a will and the hospital craft sped away toward the harbor entrance. The steamer lay outside, rolling like some inhuman monster with eyes all over its body. The engines were panting from their recent struggle with the stormy sea, heavy chains rattled aft, followed by deafening thuds, forms could be distinguished on the deck, and hoarse harsh voices sought to be heard above the glamor of it all. There were no landing steps to this Labrador mail boat, and as the doctor and his men pulled



up alongside there was nothing for it but to make an effort to clutch the rough wooden ladder that hung swinging and banging over the side. This was no easy work. One moment it hung just within reach, the next it was dangling far above their heads while the little boat sank in the mighty roll of a big wave that threatened to swamp it with all aboard. Three or four deck hands stood ready to grasp any one who was fortunate enough to get a foot on the ladder, and, by degrees, with difficulty, the whole boatload was hauled up in safety, the doctor being the last to ascend.

Only one of his party seemed to have suffered in any way from the trying ordeal, and that was Mary Ann. She was white and trembling, almost hysterical, and could only be gently persuaded that for her the best thing would be to get below as soon as possible. There were no hospital quarters on the boat, so the only place that could be offered her was the ordinary steerage for women.

This last trip of the mail boat was always a very anxious one for the good captain. Often the question of overloading had to be waived in consideration for men and women left to face a winter of starvation and probably death on the Labrador. Long before she reached her destination every conceivable nook and cranny teemed with humanity bound for the south. Sooner than lose their passage men gladly suffered the keen winds and severe frost on deck, sleeping as best they could on a coil of rope or a disused sail, but it was a bitter experience and quite impossible for the women to attempt. Consequently all the women who happened to be aboard huddled together in the one small saloon which contained but twelve berths. Fortunately one was procured for Mary Ann and into it she crept as into a very haven of refuge.

By twelve o'clock all was moderately quiet on board, for it was all the boat could do to stagger along against a heavy sea and strong head winds. Now and again she seemed to rise shudderingly from the fury of the waves, but only to be dashed down with a mighty thud as her propeller forced her anew into the conflict. It was a time long to be remembered, even the brave old captain confessing it about the worst he had ever known.

At two o'clock in the morning the Sister was roused by a heavy knocking on her cabin door.

"Are you there, Sister?"

"Yes, I am. What is it?" she asked, at the same time slipping on a dressing gown.

"A woman's taken bad down in the steerage, and wants your help." She opened the door and encountered the ship's doctor. He was a rough,

uncouth man, little loved by any one along the coast, and more often than not the worse for drink. To him a game of cards with the ring of money, in an atmosphere of smoke and gin, was of far more interest than the lives of men and women. No one would have sought his advice had it not been that his was the only help available, and then only during the summer once a fortnight when the mail boat came. Of later years mission hospitals had been established, and the fisherfolk were quick to appreciate the skill and kindness offered to them, but the settlements were hundreds of miles apart, so the stretch of coast line between was still visited by this man who cursed more than he cured, a man whom drink had played havoc with.

The Sister dreaded the idea of a case with him and knew happily that other help was at hand. "Has Dr. Denric been called?" she asked.

"No, do you want him? Can't you manage it alone?"

"He will wish to come," she replied quietly, "and we will both be down in a few minutes. Would you mind knocking at eighteen and telling him?"

Very soon two figures emerged from the saloon, and feeling their way carefully along the deck in the darkness, disappeared down the companion-way leading to the women's quarters.

The vessel was rolling and pitching mercilessly and the close badly-ventilated atmosphere down below was almost overpowering. Women and girls of all ages, clean and otherwise, were crowded into the little space available, and at the far end, in a narrow bunk, with another three feet above her, lay the poor girl whose cries were piteous to hear. "Is that you, Sister," she moaned. "Oh, is it you? Tell me."

"Yes, I'm here, Mary, and doctor is here, too, so you will be all right." "Oh, my," she almost screamed, "send the doctor away, do now. I can't bear his cursin' an' swearin' no more. He'll kill me he will," and she stretched out her hand as if to ward him away. "Oh, he's cruel he is, hard and cruel, God forgive him for saying such things to me. I'd rather die than see his face again, I would so." The Sister took her hand and spoke soothingly, "It's your doctor, Dr. Denric, you know him." Instantly a change passed over her face. "Oh, thank God for that, he'll help me through." "Yes, indeed I will, I'll do all I can for you," said a reassuring and kindly voice as Dr. Denric leant over her.

They were an awful two hours of waiting. It was almost impossible to keep one's feet, still more impossible to expect any lotion bowls to be in readiness. Nothing could be left standing on the narrow table or even on the floor, the very next plunge of the vessel would send it right

across the saloon. It was a weird night's work. At one end of the small apartment fifteen or twenty women, at least, crowded together, sharing each other's berths, one or two snoring loudly through it all, several suffering from seasickness and most of them too anxious or too uncomfortable for sleep. At the other end, the doctor, and Sister Margaret, and the sick woman, listening and waiting. Listening to the lashing of the waves and the howling wind, to the throbbing of the engines, and footsteps on deck, and—waiting for the birth of a little child. By and by a strong lusty cry told its own tale. Then something was wanted and a steward was called. "Will you mind going to the doctor's cabin and asking him if he will let us have a little gauze?" "Yes, Sister, I'll go, of course, but I doubt as he'll give it me." "Why?" "Well, you see, he's like that," and the man shrugged his shoulders and disappeared. In a few seconds he was back. "Just as I said, Sister. He swore at me for worryin' of him and said she'd do just as well without it," nodding toward the end berth. "But here he is, I think," and the man quickly vanished.

The doctor half staggered into the saloon, smelling strongly of whisky. He tried to smile when he saw Sister Margaret, but the effect was ghastly, and his voice was thick and hesitating as he asked "Do you want something for her?" "If you have a little gauze, doctor, please. We have not quite enough." "More's the pity," he muttered ungraciously, "folk like her ought not to come aboard." "It's very hard for her, poor soul," responded the Sister. "Hard for her—" and the tone could scarce have been more full of scorn, "serves her well right. She'd no right to come to the Labrador the spring at all knowing this was coming on. And when she got there she ought to have stayed there," he continued bitterly. "And died there too?" "Yes, and died there, too, for all I care."

He had walked out to the stairway as he spoke, and she followed him almost mechanically, wondering if it was possible she had heard him aright. "Where is that steward gone?" he shouted, "I'll wring his neck if he isn't here when I want him. I'll"—but the man was there. "Now then, fellow, get this lady what she wants, and I wish you all a jolly time of it. Get me a glass, man, I'll do my share of it and drink the baby's health. Good idea of mine, it'll"—but in turning toward the stairway he somehow caught his foot and fell heavily across it. He was lifted in a half stupefied state and carried to his bunk where he slept the sleep of the drunkard until the breakfast gong sounded.

It was only an hour earlier that Dr. Denric had appeared on deck to find that much interest had already been aroused in the baby and its

mother. One question of course was, "What would it be called?" Some one suggested the name of the steamer, others of the genial captain, but the mother had quite settled it in her own mind. "If you don't mind, sir," she confided to the doctor one morning, "I'd like him to be named Allen after his father, and then, if you would not take offence, I'd like him to have your name, sir." "So he will be christened Denric Allen Johnson," and the doctor smiled. "Sounds quite a grand title, I'm sure. Anyway," he added kindly, "I hope he'll be a good son to you."

A few days after, Mary Ann stood at the head of the gangway waiting to go ashore. Her husband was just behind her carrying all the small belongings and, manlike, he wanted to get away without any fuss, but the sailors were ready for him. "Many happy returns, mate," one jolly-faced fellow shouted, "and don't look so blue over it, old chap. They're all right when you gets used to 'em, bless their little hearts." "That's so, boy," joined in another, "I've got seven of 'em." Then some one suggested "Three cheers for the baby." And they cheered, and cheered again, with the kindly old captain smiling from the bridge, and waving his hand in friendly fashion until the baby with his father and mother had disappeared.

"It isn't every trip that we have a baby born aboard," he remarked goodhumoredly to the chief mate. "No, sir, you're right there," was the reply, "and a good thing, too, for them as have to do the work. It's not likely the doctor and Sister will ever forget this journey with us, for they had a tough time of it that night. It was one of the worst gales we've had this fall, to my way of thinking."

"Ah, well," responded the captain as he turned to his work, "all's well that ends well, they say, and I guess it's true in a way."

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### THE ADAPTABILITY OF THE NURSE TO THE PRIVATE HOME\*

By MARGARET W. NEES, R.N.

Graduate of the Detroit Training School

EVERY woman, whether she is a nurse or not, is supposed to feel a pity and tenderness for those who suffer, it is by cherishing these womanly instincts and seeing to it that they grow warmer instead of colder by contact with pain and suffering that she exalts her profession.

In almost every home where sickness lays its iron hand, the machinery

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\* Portions of a paper read at the semi-annual convention of the Indiana State Nurses' Association.



of that home is to a great extent disarranged, often completely altering the patient's disposition. This is especially so when our patient is the house-mother who, until laid low by some malady, has with skilful hands wielded the helm, which guided the home through the intricate mazes of order, cleanliness, and economy, those three graces without which no home is a home, but a mockery of that sacred name.

There is only a small proportion of families, even in a prosperous community, that can employ a nurse at the regulation price without feeling it to be a serious drain on its financial resources.

And in how many instances do we see this, at once, on entering the home. It is in cases of this kind that we find the field in which to exercise the greatest tact, to be resourceful, to minimize the cost of the paraphernalia of the sick room, improvising when necessary, using economy always. To one who in hospital or wealthy homes has had *carte blanche*, this may seem hard to do.

To avoid an exaggerated professionalism is of pre-eminent value in first taking a case. To avoid such expressions as "This is not my work," or "I was not hired to do that."

The family has tried to take care of its own sick until tired out, and the nurse's coming is looked forward to with relief and much, too much, is often expected. But such a home is not the place for strict professionalism. These people are human and want you to be just human in your sympathy and helpfulness. In approaching the question of when we are to have our two hours out, or hours for sleep and recuperation, it is better to wait until we see the opportune time, the time most available when some relation or member of the family can take our place and by a little coaching become nurse *pro tem* without upsetting both the patient and household.

Again, have we not found it best to avoid constantly calling on some maid to render service we can as well do ourselves, not to leave the tired cook a tray of soiled dishes to clean, when according to the canons of nursing it is our part and duty to prepare our patient's meals when necessary and serve them in a tasteful or palatable manner?

If we did only the things we like to do in this world we would be a lot of untrained children, making a sorry mess of life. All discipline, growth, and advancement come through doing the things necessary to be done, be they hard or easy, to our taste or not to our taste, and this is especially true in the noble work of nursing.

If we go into a family to see how much we can get out of that family and how little we can give in return, our attitude will be recognized at once, and when our time comes to go, we will be glad to go and they will be glad to have us go.



But the spirit that wins is the spirit that says, here is my place for here is where I am needed. Like the Master, I am here not to be ministered unto, but to minister. These people have hearts and I will win them, and what I win I freely give in return. I take my place in their life, and I shall try to make them glad that I am here.

The beauty of service lies in giving that service freely without stint, doing with our might whatever our hands find to do, even where we meet sharp criticism, lack of appreciation, and positive ingratitude, keeping bravely on, knowing that "endurance is the crowning quality, and patience all the passion of brave minds."

And in the end, when our work is done, and we have reached the land where the inhabitants say no more "I am sick," may it be truly said of us and in acknowledgment of our work

Thou hast bravely done thy part,  
Noble mind and tender heart,  
Sown that other hands might reap,  
Watched that other eyes might sleep,  
And whatever cares oppressed,  
Toiled that others might have rest,  
Sorrow bore a passport free  
To thy ready charity,  
Angels have recorded true, kindly deeds  
No mortal knew.

### OPHTHALMIA NEONATORUM AS A CAUSE OF BLINDNESS.\*

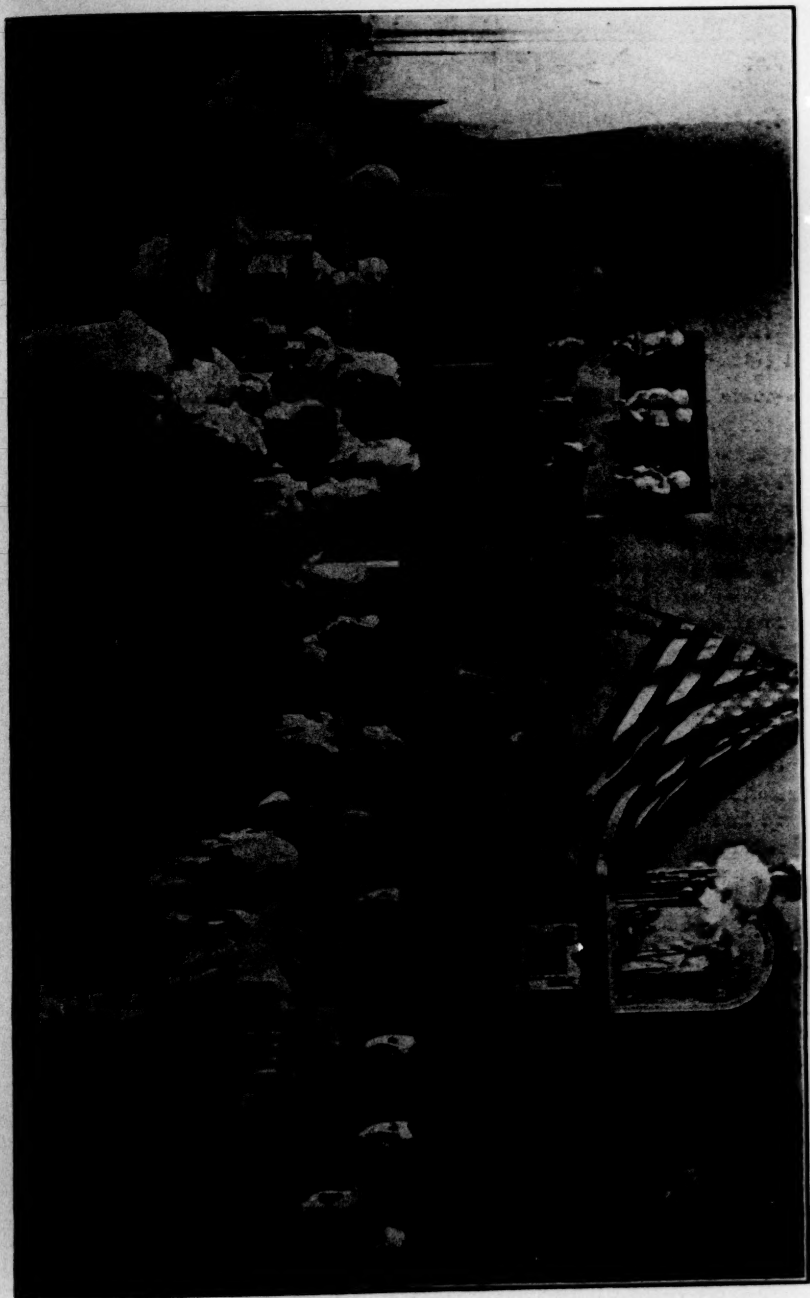
By CAROLYN CONANT VAN BLARCOM

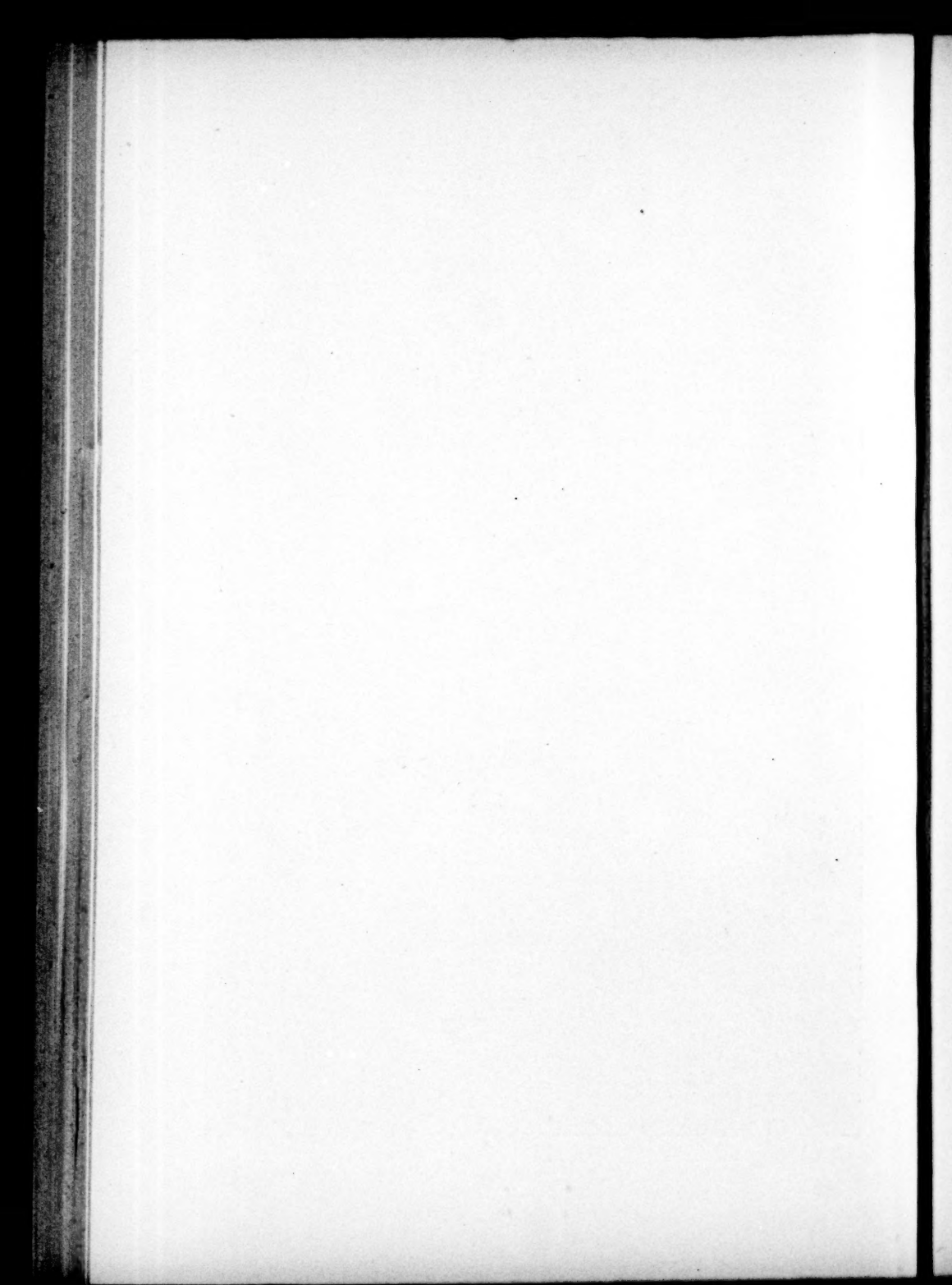
Graduate Johns Hopkins Hospital; Executive Secretary Committee on Prevention of Blindness of New York Association for the Blind.

DURING a recent visit to one of the large state schools for the blind, I was much attracted by a beautiful little girl who was groping her way through the kindergarten room, halls, and dormitory with her sightless companions. I made some inquiries as to her history, and the cause of her being in that school, and learned that she was the only child

\* Material for this paper has been collected from "Ophthalmia Neonatorum," by Sidney Stephenson, "Preventable Blindness," by N. Bishop Harmon, Reports of the Committee on Ophthalmia Neonatorum to the House of Delegates of the American Medical Association, 1908 and 1909, and papers by Dr. F. Park Lewis and Dr. Julien Gehrung.

"LEARNING THE WORLD IN THE DARK." STATE SCHOOL FOR THE BLIND, BATAVIA, NEW YORK. "THE KINDERGARTEN."





of a young widow who, when she lost her husband, undertook to support and educate this child after she became blind, struggling at the same time to resign herself to what she considered one of the inevitable decrees of fate.

It was the old sad story. The child's eyes became red and swollen during early infancy, and the mother was told that "all babies have sore eyes," that "cold in the eyes was natural," etc. The eyes grew rapidly worse, corneal involvement took place and total blindness, which might have been prevented, was the result. The mother's counsellors assured her that this was the will of God and must be accepted.

Now, however, this mother knows the truth, and realizes that her infant lost her sight as a result of a preventable, curable, infectious disease—ophthalmia neonatorum, and as she looks into the sightless eyes of this innocent sufferer, she appreciates the full force of the words,

Of all sad words of tongue or pen,  
The saddest are these: "It might have been!"

In this case a single sin of omission resulted in the saddening of two lives.

That is one case of blindness from ophthalmia neonatorum, and there are in the United States of America alone, at a conservative estimate, between six and seven thousand persons totally blind from the same cause. Seven thousand persons handicapped, blighted, deprived of the keen joy which comes through visual perceptions—blind as a result of ignorance and neglect.

This disease, leaving darkness in its wake, is not confined to any locality or country, but is a world-wide plague. Quoting from Dr. Julien Gehrung,

"According to the Royal Commission for the Blind, the statistics demonstrated that in 71.99 per cent. of all who became blind in the first year of life it was caused by ophthalmia neonatorum, *e.g.*, of 10,000 children under five years of age, 428 were blind as a result of this form of conjunctivitis. Ophthalmia neonatorum claims 26 per cent. of the blind in Switzerland, and in the United Kingdom 7000 persons have lost their sight from the same cause. Magnus, of Breslau, says that fully one-third of the blind in institutions are blind from ophthalmia neonatorum, while Bourdeau forcibly exclaims that purulent ophthalmia neonatorum is alone responsible for nearly one-third of all blindness, and that it has placed in the care of Europe about 100,000 victims. This is equivalent to 100 regiments. In the last Republican parade there

were 72,000 men and it took more than five hours for this parade to pass a given point. Now add 28,000 men to this number and you will get an idea of the army of blind in Europe."

In the New York State School for the Blind, at Batavia, 30.7 per cent. of the children admitted in 1907 were victims of ophthalmia neonatorum; at the Pennsylvania School for the Blind, at Overbrook, the average in 1909 was higher—44 per cent.; at the Sheffield School for the Blind (England), Dr. Simeon Snell reports to the British Medical Association 127 cases out of 333 inmates—42.36 per cent.; and still higher, the Henshaw School for the Blind (England) reported in 1908 that 90 out of its 200 children—45 per cent.—are blind from this disease.

Dr. Sydney Stephenson, ophthalmic surgeon to Queen Charlotte's Hospital, London, says: "In the opinion of those well qualified to judge, ophthalmia neonatorum is the cause of more blindness than any other local disease, excepting, perhaps, atrophy of the optic nerve."

Since from 60 per cent. to 80 per cent. of the cases of ophthalmia neonatorum are caused by the *micrococcus gonorrhæa*, isolated by Neisser in 1879, the ultimate cause of this disease is frequently to be found in the social diseases, though inflammation of the eyes of the new-born may be caused by the Koch-Weeks bacillus, Klebs-Löffler bacillus, *B. coli communis*, streptococcus, *staphylococcus pyogenes albus* and *aureus*, *micrococcus luteus*, etc.

The immediate cause is usually the introduction of infective material into the eyes of infants at the time of birth. I say usually, since Stephenson reports 90 cases in which children were born with ophthalmia neonatorum well developed, and children have been born with eyes partially destroyed, demonstrating prenatal infection, while one case, reported by Feis, was born with corneæ destroyed and irides prolapsed.

Commonly, however, the infection occurs at birth, and the disease runs a rapid course, fatal to sight, unless prompt and efficient treatment is given.

In 1881, Prof. Crede, of Leipsic, Director of the Maternity Hospital connected with the University, conferred upon all future generations a service the value of which can never be estimated. He announced that the instillation of silver nitrate solution into the eyes of all new-born infants would prevent ophthalmia neonatorum. Think of what that means! If only a simple remedy be employed skilfully at the right time, hundreds of thousands, even millions of babies may come into their just inheritance of God-given sight, instead of being blind for life.

How incredible does it seem that in spite of this discovery nearly thirty years ago, 44 per cent. of the children admitted to one school last year were victims of ophthalmia neonatorum.



What a paradox in this age of preventive medicine!

Prof. Crede outlined his treatment as follows: Immediately after birth the child's eyes should be wiped with clean swabs or wipes wet with boric acid solution, stroking from the nose outward, followed by a single drop of a 2 per cent. solution of silver nitrate, dropped into each eye from the end of a glass rod,  $\frac{1}{8}$  in. in diameter.

There is a reason for each detail—the silver solution is practically a specific in this disease, a glass rod may be easily and satisfactorily sterilized, and but a single drop may be dropped at a time from the end, while the diameter stipulated gives a drop of fluid of the desired size. It is required that the solution be dropped *into the eye*, thus insuring its contact with the delicate conjunctival membranes, which are fertile soil for the infecting organisms. So important is the technic of applying this treatment that, in the opinion of Dr. Edgar, when ophthalmia neonatorum develops after the use of nitrate of silver at birth, it is due either to a secondary infection or to the fact that the solution does not really bathe the mucous membrane, but remains upon the lashes.

This treatment has been variously modified, and we find varying strengths of argyrol, protargol, nitrate of silver, 1 per cent., and other derivatives of the silver salts employed by some obstetricians and in some maternity hospitals, but the preference seems to be for nitrate of silver, 1 per cent.

The use of a 1 per cent. solution of silver nitrate in the eyes of the new-born is so generally regarded as a harmless and efficient preventive of ophthalmia neonatorum that the State Boards of Health of New York and Rhode Island distribute, free of charge, to physicians and midwives, outfits consisting of vials of a 1 per cent. solution of silver nitrate with medicine droppers and directions for use.

Prof. Crede found in his clinic that the number of cases of ophthalmia neonatorum was reduced from 10 per cent. of the total number of births to  $\frac{1}{5}$  of 1 per cent. as the result of the careful use of this prophylactic. Still later, in observations made upon 1100 cases, in each of which nitrate of silver was used, only one case of ophthalmia neonatorum developed.

If the disease develop, the clinical picture is characteristic, and the disease is comparatively easily recognized on the second or third day after infection takes place. Billard's sign, a narrow transverse line in the centre of the lid, is an early symptom. Subsequently, the lids become red and puffy, and a slimy liquid oozes out, and, as the disease progresses, a purulent discharge is emitted from between their margins. If treatment is begun early, before corneal involvement takes place, the

eyes may be saved, but too much stress cannot be laid upon the imperative necessity for prompt action. The infection is virulent and progresses with such rapidity that each hour of delay increases the danger of ultimate blindness.

Only an ophthalmologist should be entrusted with such a case.

The remedial treatment varies, but usually involves the employment of irrigations or drops at frequent intervals, sometimes every fifteen minutes, day and night, for weeks. As the prescribed treatment must necessarily be executed with skill, it is obvious that hospital care is desirable for patients suffering from ophthalmia neonatorum.

Too much cannot be said relative to the importance of thorough work and gentle manipulations in executing the details of the prescribed treatment. Whatever the medicament may be, it should actually reach the conjunctivæ at each operation. Solutions should be luke-warm and either dropped from a blunt dropper or applied with absorbent cotton, and the *greatest* care taken that not even the slightest abrasion of the mucous membrane or bruising of surrounding tissues result, thus more than defeating the purpose of the treatment. Infective material, gaining entrance through an abrasion of the conjunctivæ, may bring about the utter destruction of an eye. The danger to the nurse herself in irrigating gonorrhœal eyes is worthy of mention, since the fluid may spurt into her own eyes if other than the gentlest stream be used. Large protective spectacles are sometimes worn by the nurse to avoid this danger.

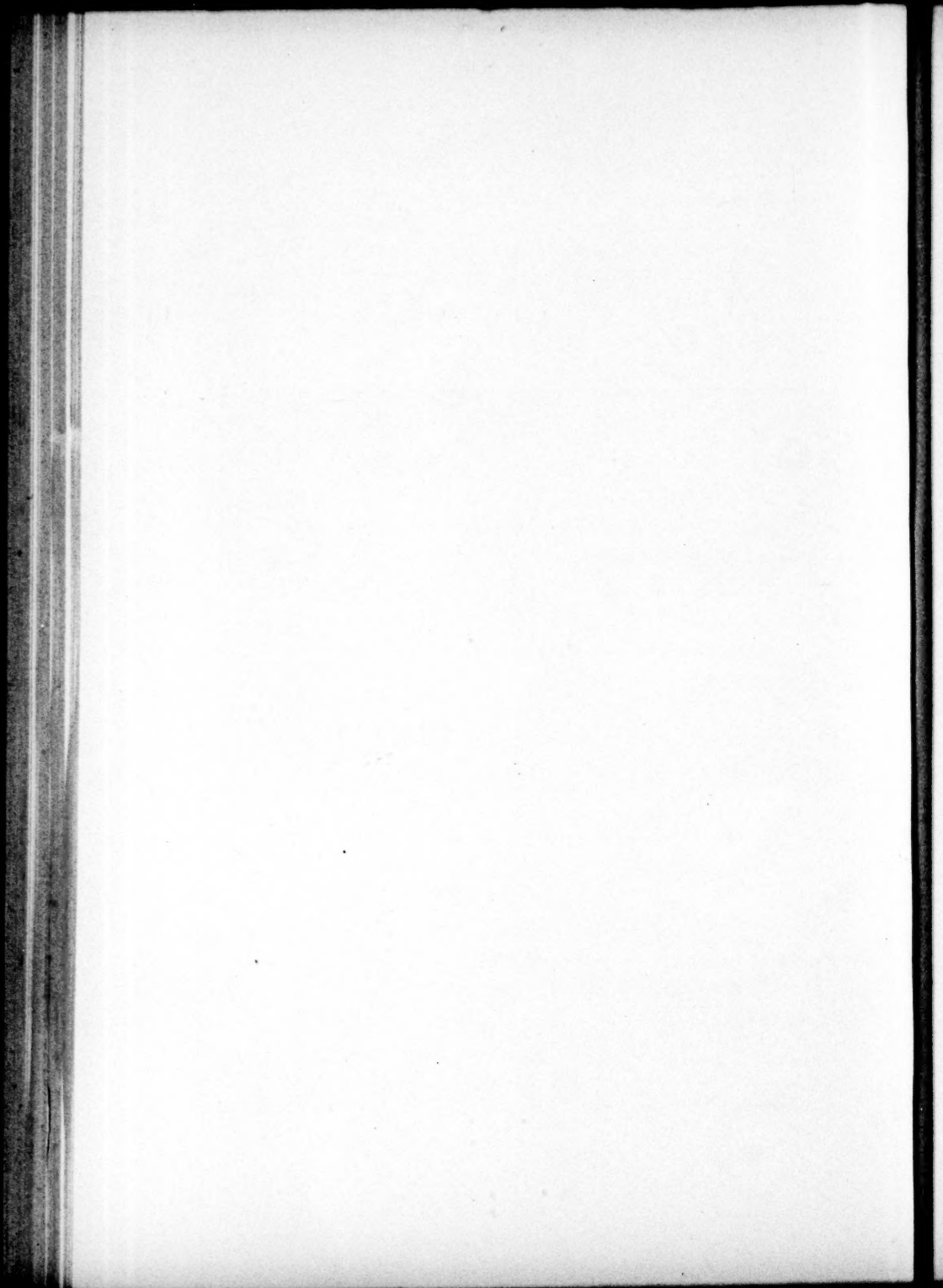
The use of a silver solution in the eyes at birth may give a false sense of security, for secondary infections may and do occur, with results quite as disastrous as those following infection at the time of birth. If the child has been surrounded by infective material during delivery, it follows that the bath water in which it is immersed, its clothes, the nurse's hands and apron, and the infant's own hands and nails may be the means of reinfecting its eyes.

For this reason, any redness or swelling of the eyelids during at least the first two weeks of life, or until the lachrymal secretion is established, should be regarded as serious. I recently heard of a case in which the first evidence of infection appeared on the twelfth day after birth, the infection being so virulent that total blindness in both eyes resulted. Out of 1000 cases at Johns Hopkins Hospital, in which 1 per cent. solution of nitrate of silver was used in the eyes at birth, ten cases of ophthalmia neonatorum occurred, and seven of these developed after the eighth or tenth day. Because of prompt and efficient care in each case, no blindness resulted. Similar observations have been made by Gewin of Vienna.

It is evident then that prophylactic treatment, plus extreme caution



"JUST BLIND BABIES," FROM BOSTON HOME FOR BLIND BABIES. 60 PER CENT. OF THE CHILDREN IN THIS HOME ARE VICTIMS OF OPHTHALMIA NEONATORUM.





against secondary infection, and prompt treatment in the event of secondary infection, are necessary to prevent blindness from ophthalmia neonatorum.

This has all been known and preached by the medical profession for nearly one-third of a century. Four years ago, the American Medical Association appointed a Committee on Ophthalmia Neonatorum to work toward the suppression of this disease, and subsequently, a committee was appointed for each state in the Union, composed of three members, an obstetrician, an ophthalmologist, and a sanitarian. More than twenty years ago, Dr. Lucien Howe drafted the famous bill which afterward became known as the Howe Law, and which to-day is on the statute books of sixteen states.<sup>1</sup>

Why is it then that we have such a distressing state of affairs as is suggested by the following list?

Proportion of victims of ophthalmia neonatorum among the pupils in six schools for the blind: New York, 27 per cent.; Pennsylvania, 44 per cent.; Western Pennsylvania, 33 per cent.; Missouri, 26 per cent.; Connecticut, 50 per cent.; Maryland, 33 per cent.

This, let me say, does not tell the whole story, for there are many, very many blind children, ophthalmia neonatorum victims, who are not sent to schools for the blind, and even escape the census taker. The parents or guardians of these children not infrequently assume that since the little victim is blind, it must also be deficient in other ways, and neither mental nor physical activity is encouraged. And so one hears of children, live human beings, actually living in bottom bureau drawers, in boxes under beds, etc., living less than a vegetable life, for vegetables do have air and sunlight,—because when they were helpless, defenceless infants they were cheated out of a birthright more precious than the spark of life remaining to them.

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<sup>1</sup> New York State Midwife Law (Extract from Penal Code), Chapter 325, Laws of 1892.

Section 288. Unlawfully omitting to provide for child.—A person who,

3. Being a midwife, nurse or other person having the care of an infant within the age of two weeks neglects or omits to report immediately to the health officer or to a legally qualified practitioner of medicine of the city, town or place where such child is being cared for, the fact that one or both eyes of such infant are inflamed or reddened whenever such shall be the case, or who applies any remedy therefor without the advice, or except by the direction of such officer or physician; or,

4. Neglects, refuses or omits to comply with any provision of this section or who violates the provisions of such license, is guilty of a misdemeanor.

There are also many cases where the eyesight is only partially destroyed and they are only able to eke out a miserable existence; others better provided with this world's goods are merely a burden to themselves, despised as accursed.

These conditions persist because this is not a problem which is to be solved through legislation nor by the efforts of the medical profession acting alone. As in the war against tuberculosis, results can only be obtained through co-operation of medical and lay workers, in educating the public as to the preventability of this dreaded calamity. We hope in time to have disseminated information of such a character and to such an extent that every parent in the land will know and believe that infants do not normally have "sore eyes," "cold in the eyes," etc.; will not believe that infantile blindness is a Divine dispensation, which must be accepted, but will know that the infant's eyes may be protected by very simple methods, and a lifetime of darkness averted.

It is never difficult to stir emotions and raise funds for the relief of sufferers from some great disaster, earthquake, mine explosion, fire, or what not. Shall we have less compassion for utterly defenseless babies, so pitifully dependent upon our care and protection?

The economic aspect of the question is also a serious one and worthy of consideration. Figures collected from ten schools for the blind in this country show that 28.19 per cent. of the new admissions in 1907 were victims of ophthalmia neonatorum, while for 1908 and 1909 there is no decrease. It would have cost two cents on the day of birth to save the sight of each of these blind children.

Two cents' worth of nitrate of silver and only a moment of the doctor's or midwife's time is the cost of prevention. As has been demonstrated, the cost of cures is greater than the cost of prevention, for after the disease has developed, only prompt and continuous expert care can save the endangered sight.

Still greater is the cost of maintaining an individual when blindness occurs.

It is estimated that the cost to the State of New York for the education and maintenance of each pupil at the State School for the Blind, at Batavia, is \$407.43 per year, as against \$30 per annum which it costs the State to educate a seeing child in the Buffalo public schools—a difference of \$377.43 per capita, which excess must be met by state appropriation.

In New York State the total annual excess cost for maintaining and educating those whose sight might have been saved is \$30,914.45, while in Ohio the cost to the State yearly is \$19,840.00.

This total of \$50,000 represents the excess annual cost in but two states. There are some forty odd state schools for the blind in this country, and the aggregate expense to the public of educating and maintaining those pupils attending them who are needlessly blind has amounted to millions of dollars.

It is estimated that the total cost of the needlessly blind throughout the State of New York exceeds \$110,000 a year; and if the blind citizen is dependent for life, the cost of his maintenance will be not less than \$10,000. These figures do not include money paid out in pensions under the pension system obtaining in New York City, Ohio, Illinois, and Great Britain.

Now, set these figures against the estimate of the State Department of Health that free distribution of a protective, at an annual cost of not more than \$5000, would have saved almost all of those eyes, and you have the gist of the economic question with which the disease confronts every state in the Union.

The cardinal features in reform movements along preventive lines seem to be the same; they are legislation, education, and co-operation. Co-operation of all bodies of philanthropic workers, medical societies, charity organizations, women's clubs, church societies, health officers, and legislators, to bring about education and legislation. Every mother in the land should know that the disease is serious and may be prevented, and even cured if skilful treatment be promptly given.

This education may be accomplished through the distribution of literature, public speaking and the use of photographic exhibits and lantern slides, magazine articles and the press.

Legislation resolves itself into the appointment of State Commissioners; securing the accurate and early notification of births; requiring doctors and midwives to report cases of ophthalmia neonatorum; making use of the educational opportunity offered by the birth certificate, by including a question as to whether or no a preventive against ophthalmia neonatorum has been used and if not, why; provision in hospitals for the reception and care of patients suffering from ophthalmia neonatorum; securing state appropriations to cover the expense of gratuitous distribution of prophylactic outfits to physicians and midwives; and the education, registration, and regulation of midwives.

The latter question is indeed formidable, and that these women, many of them hopelessly ignorant, dirty, and careless, are an important factor in the suppression of a disease occurring at birth must be conceded in the face of a few figures. 52,536 births were reported in New York City in one year by midwives, while 68,186 were reported during the same

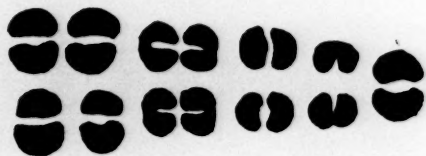
period by physicians—or 42 per cent. of the births occurring in this one city, during this one year, were attended by midwives. In Chicago, the figures for one year show that 86 per cent. of all births reported for that time were reported by midwives. Out of 150 midwives in Baltimore at present, 97 are over 50 years of age, 20 being between the ages of 70 and 90. Out of 45 colored midwives, 20 cannot read.

On the other hand, rather discouraging figures are collected from among the physicians. A recent investigation made in Massachusetts, under the direction of the Boston School for Social Workers, disclosed the surprising fact that out of 97 doctors visited, these doctors having been selected because of their having reasonably large obstetrical practices, 27 always used a prophylactic, 41 seldom, 28 never, although the latter admitted that they sometimes did employ warm water, lemon juice, citric acid, lard, chamomile tea, etc! Of 116 cases of ophthalmia neonatorum visited by the Social Service worker in connection with the Massachusetts Charitable Eye and Ear Infirmary, during 1909, 114 occurred in the practices of physicians, while only two were attributable to midwives. Of 27 cases of ophthalmia neonatorum visited by nurses under the direction of the New York City Department of Health, in the summer of 1908, 22 were traced to physicians and 5 to midwives.

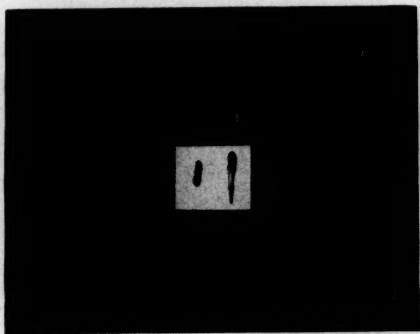
Clearly, this must be a campaign of publicity and education.

In a few of the states of the Union,—very few as yet,—there are organized bodies of workers endeavoring to wipe out this scourge, some with tentative plans and some vigorously pushing ahead. In Massachusetts, the State Commission for the Blind has started a movement for prevention, including in its activities extensive research work and distribution of pamphlets. In Ohio, a campaign of publicity and education was recently carried on as an initial step toward preventive work. A society for prevention of blindness was organized in Baltimore about a year ago; Governor Fort, of New Jersey, has appointed a commission to investigate the condition of the blind, and undertake work toward the prevention of blindness, and more recently state societies for the prevention of blindness have been organized in Kentucky and Missouri. In New York, a committee for prevention of blindness, composed of physicians and laymen, was appointed by the New York Association for the Blind in June, 1908. This committee, working in close co-operation with Dr. Porter, State Commissioner of Health, secured, in 1909, an appropriation of \$5000, which has made possible the gratuitous distribution, through local health officers, of prophylactic outfits, consisting of vials of a 1 per cent. solution of nitrate of silver, medicine droppers, and directions for use; and has also ob-





THE GONOCOCCUS THAT CAUSES THE DISEASE.



THE OUTFIT THAT WILL PREVENT IT.



tained the passage of a law providing for a 36-hour notification of births in the entire State of New York, with the exception of the cities of New York, Buffalo, Yonkers and Albany, exempted by the provisions of the Public Health Law. The birth certificates now issued by the New York State Department of Health bear the question, "What preventive for ophthalmia neonatorum did you use? If none, state the reason therefor"; while the State Commissioner has also issued circulars of "Instructions to Mothers, Midwives, and Nurses," for the prevention of ophthalmia neonatorum, printed in five different languages.

The publicity and educational work of the New York committee has been carried on through public speaking, the use of photographic exhibits and lantern slides, press notices, and the distribution of some 150,000 copies of its six publications.

The Russell Sage Foundation has undertaken national work for the prevention of blindness. Through a special agent it proposes to assist in the organization of societies in those states where plans for preventive work have not as yet been crystalized.

In a report of the Committee on Ophthalmia Neonatorum, submitted to the House of Delegates of the American Medical Association, June 2, 1908, the following suggestions were made. It was the belief of the members of the committee that development of the plans contained in these suggestions would accomplish much toward the suppression and eradication of ophthalmia neonatorum, and these recommendations have been approved by the American Medical Association and by the American Academy of Ophthalmology and Oto-Laryngology.

First. It is necessary to secure the enactment of laws in each state or federal territory requiring the registry of births and placing the supervisory control and licensure of midwives in the boards of health, requiring that all midwives be examined and registered in each county and that they be required immediately to report each case of ophthalmia neonatorum occurring under their ministrations under penalty of fine for neglect if found guilty, and for a subsequent offense forfeiture of license. In all states the registration of physicians should be maintained with equal thoroughness.

Second. The distribution by health boards of circulars of advice to midwives and mothers, giving instruction as to the dangers, methods of infection, and prophylaxis of ophthalmia neonatorum.

Third. The preparation and distribution by the health boards of ampoules or tubes containing the chosen prophylactic, with special direction for its use.

Fourth. To insist on the maintenance of proper records in all

maternity institutions and other hospitals in which children are born.

Fifth. Periodic reports to boards of health by all physicians engaged in obstetrics of the number of cases of ophthalmia neonatorum that have occurred in their practice within a specified time, whether or not a prophylactic was used—if so, what—together with the result.

Sixth. Of great importance is it that there be more widespread knowledge concerning ophthalmia neonatorum and its dangers.

Helen Keller voices a very proper public sentiment when she says:

"The problem of prevention should be dealt with frankly. Physicians should take pains to disseminate knowledge for a clear understanding of the causes of blindness. The time for hinting at unpleasant truths is past. Let us insist that the states put into practice every known and approved method of prevention and that physicians and teachers open wide the doors of knowledge for the people to enter in. The facts are not agreeable reading. Often they are revolting. But it is better that our sensibilities should be shocked than that we should be ignorant of facts on which rest sight, hearing, intelligence, morals, and the life of the children of men. Let us do our best to rend the thick curtain with which society is hiding its eyes from the unpleasant but needful truths."

Communications, requests for information, pamphlets, etc., should be addressed to the Executive Secretary, Carolyn C. Van Blarcom, at the office of the committee, 289 Fourth Avenue, New York City.

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## ENTERTAINING SICK CHILDREN \*

### SECOND PAPER

By LOUISE M. MURPHY, R.N.

Graduate of the Illinois Training School

To entertain children, either sick or well, successfully, the nurse must love children and child-life, and be able herself "to become as a little child." What is more fascinating than to watch a child's mind unfold and his imagination develop. What wise guidance he needs from mother and nurse!

I will not mention the many kindergarten games and occupations, appropriate and diverting to the sick child, but will try to suggest home-

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\* The first article in this series, "How to Care for Convalescent Children," by Susan Bard Johnson, appeared in the JOURNAL for June, 1910.



made games and plays. For convalescent children of school age, seventh grade and above, geography and history quizzes and guessing games will freshen the memory of both patient and nurse; drawing maps with colored crayons, studying bird life, flowers, and trees. There are few girls who do not enjoy making a doll's trousseau, dolls' patch-work quilts, paper dolls, and having doll parties. To make tissue-paper dresses and hats for large paper dolls, cut from stiff fashion plates, is fascinating and absorbingly interesting. Keep a box for materials, collecting every scrap of soft colored paper, tinsel, embroidery paper from candy boxes, gold and silver paper, scraps of wall paper, and tiny canary or chicken feathers—all these can be used ingeniously. In another box keep good looking furniture, cut from magazines or papers, to furnish a house-book, made from an old ledger, or large sheets of manilla paper folded. Each full page is a room, and many hours are passed collecting, arranging, and pasting each different room.

Plastic clay or common putty can be used to make an infinite variety of objects or utensils, each new creation giving keen delight.

Scrap-books, (1) for stories and poems, (2) for pictures of great men and women and their homes, (3) durable and attractive scrap-books made of strong gray muslin for brightly colored cards,—let the sick child make these to give to some other child sufferer or hospital ward, thus instilling the thought,

Not what we give, but what we share,  
For the gift without the giver is bare.

Many weary hours can be lightened by water-color painting, crayon, or pencil drawing, and making pasteboard doll furniture.

For younger children collect rubber bands to make a hard ball, and tinfoil to make a silver ball; use stone building blocks to build barns and farmyards, using the smallest blocks for "play" horses, cows and sheep. Make paper money in the morning and use it in playing store in the afternoon.

Can anything afford more fun than newspaper and blunt scissors? from dancing dolls and soldier caps to "Jacob's ladders."

Do not play one game too often but keep a variety of interests. It is wise to have some stories, games, and toys in reserve for the specially hard and unhappy days.

Look for new ideas and interesting objects in the hours off duty. Such simple things amuse a child as acorns, pebbles, and shells. One small boy refused all other toys and games and for several days enjoyed

three pine cones, some large autumn leaves, and a deserted bird's-nest, which I picked up in the park in my walk. A six-year-old typhoid patient was delighted and wholly satisfied with a "birthday cake" of ice-cream, served in a cake-like mold, with the usual candles, and the family invited in for a short birthday party.

Try and make Sunday a different, but a happy day. Two or three Bible stories during the week will form a nucleus for a Bible character guessing game, or a Bible alphabet game; think of a Bible character beginning with A, B, etc. Each one in his turn repeats all from the beginning before adding the next letter—an excellent memory test. Japanese water flowers come in fifteen cent boxes. Three or four flowers can be chosen each Sunday to watch unfold in the water, then dried, and later pasted in a book.

A child who needs nourishment, but lacks appetite, will always enjoy the food more if it is served in "pic-nic" style or as a "tea-party."

An invitation, written or printed by the little one to mother or grandmother to take "afternoon tea" in the sick room, even though the patient is on broths or milk, can be made a very attractive and happy occasion by planning it early in the day. Children themselves often suggest many entertaining plays; perhaps most frequently they ask to impersonate "fairies," "goblins," "grown-ups" or "flowers."

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"I was visiting once at the Utica home of Vice-President Sherman," says a Washington man, "when I blundered into a sitting room I had not seen before. Mr. Sherman was with me and I remarked on what a cozy apartment it was. 'This is the servants' sitting room,' he explained. 'My wife insists on one thing: no matter what size of a home we occupy, the people who work for us must be comfortably housed.' Afterwards," added the Washington man, "I had a peep into an immaculate kitchen. It was not only spacious and perfectly equipped, but it was a cheerful place to work in and it had a mighty pleasant outlook. 'My wife,' said Mr. Sherman, 'has always lived up to one theory—that a faithful laborer is worthy of a little more than just wages.'"—ISABEL GORDON CURTIS in *Good Housekeeping Magazine*.

## NURSING IN MISSION STATIONS



[This department has a two-fold purpose,—to keep nurses in this country in touch with the work of missionary nurses, and to put missionary nurses in touch with each other, for an interchange of ideas, questions, and suggestions. All nurses engaged in mission work, of every creed and country, are invited to contribute to its columns.]

THE *China Medical Journal* for March contains an account of the Triennial Conference of the China Medical Missionary Association. One of the subjects discussed was "Nursing in Mission Hospitals." Dr. Todd, of Canton, reported that in a men's hospital of twenty beds he used only women nurses, having been led to do so by noticing "how much tidier women's hospitals were."

The association adopted a resolution in favor of individual communion cups. It expressed its gratitude to Dr. Tatchell, who has undertaken to organize a purity league among Chinese boys and young men.

Miss Emberley, superintendent of nurses at St. Matthew's Hospital, Alaska, has resigned her position.

*The Messenger*, published by the Church of St. John the Evangelist, Boston, gives extracts from the letters written by Miss Woods, of Fort Yukon, Alaska:

"When I returned to Fort Yukon last summer there was much to do. Men were finishing the interior of the new house. Two rooms had been built on this, and there was still heavy work, a new ceiling in our front room, papering, etc., to be done. I began at once to put one place after another in order. Two weeks after my arrival Miss Langdon left, and Miss Cady went with her for a rest. The day before she left a young man was brought here who had nearly shot his arm away. I took him in and gave him my room, and took care of him for six weeks. This gave me a family of six to cook for, and a patient to care for, besides six children, and two of those less than five years old. I was using every spare minute day and night to get the house in order for the cold, dark winter, and all of this meant much more work than one can imagine. Miss Cady returned in a month, and in a few weeks the family began to grow smaller, and now we are alone with our ten children for a few weeks.

"Every evening at seven all the village children come to the mission, and we read and learn hymns. We have a boys' club and a girls' club, a Woman's and a Junior Auxiliary, and a Bible Class. I am taking them through the Catechism in Indian. We are now studying the Creed.

"I have just made out my order for the coming year, and I am worried as to how it will be paid for. I have ten children, and nothing promised for the support of any of them."

*Spirit of Missions*, for May, in reporting on work in Anking, China, says:

"St. James's Hospital we found in excellent condition so far as its reputation and the character of its work is concerned. A staff of competent nurses has been trained, and the work is being kept up to the high standard of efficiency with which the hospital began its career in its new quarters. Its reputation has been steadily growing, and difficulty is experienced in holding down the work within limits where it can be properly handled.

There is urgent need for another trained nurse to be added to the hospital staff. The two nurses already here have both done splendid work and are exceptionally efficient. Even they, however, are unable fully to meet the strenuous demands of the hospital work. The furlough of one is due next summer, and it is of the greatest importance that another nurse be in the field at that time to take her place."

Dr. Taylor, of the same hospital, writes:

"Our hospital is the only one in quite a large city on the Yangtse River and for several hundred miles round about. We treat about 18,000 to 20,000 patients a year and the work is growing tremendously. We have had two foreign-trained nurses, who under me had charge of the schools for men and women nurses. These nurses are needed now in mission hospitals all over China, and in time to come will be more necessary to our work than Chinese doctors."

#### TRAINED NURSES NEEDED FOR MISSIONARY SERVICE

THE AMERICAN BOARD.—Dr. C. H. Patton, 14 Beacon St., Boston, Mass.

Dr. Thom, of Mardin, Eastern Turkey, calls for a nurse to assist him in his work and to take charge of training native nurses.

Dr. Usher, in his great medical work at Van, is also asking for a nurse well equipped for a large work, who can sail in the near future. *This is one of the most urgent cases.*



A nurse or physician at Hadjin, Central Turkey, the nearest medical aid being at Adana (W.B.M.I.).

At Aintab, where Dr. Shepard and Caroline Hamilton are in charge, assisted by Miss Alice Bewer, a nurse, the work demands a second fully qualified missionary nurse.

There is a call for a nurse in Foochow City, China, in connection with the Woman's Hospital (W.B.M.).

Dr. Sibley is building a hospital at Davao, Philippine Islands, for which he needs a nurse who can be superintendent. This is pioneer work in the great Island of Mindanao and opens up splendid possibilities of usefulness. *The need is urgent.*

CHRISTIAN WOMAN'S BOARD.—Mrs. Anna R. Atwater, Missionary Training Institute, Indianapolis, Indiana.

Two trained nurses for hospital work in India.

DUTCH REFORMED BOARD.—Dr. W. I. Chamberlain, 25 E. 22nd St., New York.

One trained nurse for hospital work in Arabia.

W. F. M. S. OF THE METHODIST EPISCOPAL CHURCH.—Miss E. R. Bender, 150 5th Ave., New York.

One nurse and evangelistic worker in the Philippines.

AFRICA INLAND MISSION.—Mr. J. Davis Adams, 1701 N. 55th St., Philadelphia, Pa.

Nurses for pioneer work in Africa.

WOMAN'S BAPTIST SOCIETY OF THE WEST.—Mrs. Mary E. Adkins, 450 E. 30th St., Chicago, Ill.

Two nurses for East China.

PROTESTANT EPISCOPAL SOCIETY.—Mr. J. W. Wood, 281 4th Ave., New York.

Four nurses for China and Philippines.

PRESBYTERIAN BOARD OF HOME MISSIONS.—Dr. C. L. Thompson, 156 5th Avenue, New York.

Three nurses needed immediately in the Presbyterian Hospital at San Juan, Porto Rico. They should all be devoted missionary workers. Two of them should be thoroughly trained in actual successful hospital experience; the other would be valuable if, in addition to some knowledge of nursing, she were capable of taking temporary assignments in other hospital work during the absence of different workers. Knowledge of the Spanish language will be very valuable. Must be physically capable of doing work in this tropical climate. Term of service is five years.

For further particulars write to

DR. S. M. ZWEMER, 125 East 27th St., New York.

A nurse is also needed by the University Medical School in Canton. Three physicians are now on the field, and one trained nurse, Miss M. C. Soles, who went out a year ago in response to an appeal published in the *JOURNAL*, but who is now to be married. A permanent hospital and dispensary are to be erected this year.

The salary for such a position is not meant to cover the worth of the person filling it. That is impossible. It is only meant to enable the worker comfortably to give her time and energy to her work. It would be \$600 a year with \$50 to help towards a summer outing of 2-4 weeks and winter holiday of two weeks. The period of service would be six years, one of which would be spent at home on furlough, salary to continue during that time. She would also receive her necessary travelling expenses and rent of house or suite of rooms. Should she voluntarily resign within five years she would refund all travelling expenses and one-half her salary; or within three years all money received to date. Further particulars of this position can be obtained by writing to Dr. J. C. McCracken, Canton, China, or to Edward C. Wood, Houston Hall, U. of Pa., Phila., Pa.

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THE cause (of forest conservation), with its colossal problems, must not be allowed to become a football of factional or personal ambitions; it needs all the friends it can win, of all shades of party or partizanship, particularly in Congress, to which now falls the great responsibility of enacting into law the unmistakable demands of public sentiment.

Much of this work is urgent. Legal safeguards should be established to prevent such wrongs as the endeavor to take up coal lands worth \$2,000,000,000 by one person, by means of proxies; the use of water power should be so defined and regulated as to preserve the rights of the people without impairing the normal development of the west; the reclamation service, which is making the desert blossom as the rose, should be carefully fostered and protected against political and private greed; the whole system of river and harbor development should be placed on a business instead of a political basis; and, last, but not least, let us repeat it, the President, Congress and the governors and legislatures of the states should address themselves at once to the need, so often set forth in these columns, of a co-operative plan to save from destruction the forests of the upper reaches of the whole Appalachian range.—From an editorial in the *March Century*.

## FOREIGN DEPARTMENT



IN CHARGE OF

LAVINIA L. DOCK, R.N.

### MEMORIALS AND MEMORIES

FROM every foreign country have come the most heartfelt expressions of grief over the death of Isabel Hampton Robb. Our pages do not give us space to reprint them, but they are all remarkably alike in expressing the warm human regard for a character whose personality had impressed every one from the first. One speaks of Mrs. Robb's "gentle force," and all feel that they have lost a personal friend who had enriched their lives simply in coming into them.

The British nurses are proceeding to found a memorial to Miss Isla Stewart. At a meeting recently held in the Clinical Theatre of St. Bartholomew's Hospital, Mrs. Fenwick, being asked to open the discussion, emphasized the paramount importance of the idea that the memorial should be inspired by the spirit of the lost matron. A fitting memorial should be of an educational nature. The meeting voted unanimously that the Isla Stewart Memorial should be of a national character, and take some educational form, to be decided by a committee formed for the purpose. In the meantime, it was decided to send a student to Teachers' College to take the course under Miss Nutting, a very gratifying event for us. The committee is composed of nurses representing all the important organizations of nurses of Great Britain and Ireland with which Miss Stewart had been in relation. So, in America and in the mother country, nurses are, at the selfsame moment, transmuting their sorrow over the loss of two of the staunchest and truest comrades their ranks ever included into the best kind of memorials,—living ones, which shall harmoniously and joyfully carry on the memory of the departed ones to inspire the younger generations.

### AN INSULT TO THE DEAD

While nurses of all countries are mourning Miss Stewart, a most unheard of insult to her memory in the shameless attempt to wipe out all the influence of her lifework has been the action of the election committee in selecting her successor. Briefly,—for the news has come

after our pages have been set, the election committee of Bart's has chosen an assistant matron from the London Hospital; a woman who has never had a matron's experience, and one who is evidently meant to be only the tool of the anti-registration element in the hospital's committee, and, doubtless also, of the element who are willing to make huge profits for hospitals out of the sweated labor of nurses. The London Hospital sends out its pupils to private duty, besides running a large private staff for its own profit, and it is the central stronghold of anti-registration and of hostility to self-governing organizations among nurses. Its certificate, moreover, is given for one year less than Bart's, and the women who train there are not encouraged to think for themselves. It is well known that those of them who do, even when engaged in work of great distinction, *meet with an icy reception if they venture within the doors.* The details of this incident are such as to make one feel certain that a plot has been preparing before Miss Stewart's death; for the knowledge that she was doomed by an incurable disease was general. We shall give fuller details at another time.

#### LETTERS AND ITEMS

THE most cheering reports of the prosperous and successful opening and progress of the new training school in Rome are at hand. Miss Dorothy Snell, the English head, seems to have been born for the position she holds, and the whole story sounds too good to be true. Screens and bedbaths have been introduced, to the astonishment at first, and the satisfaction next, of the patients. Miss Turton writes: "The patients are leaving off calling perpetually for attention; they have learned that everything will be done for them in due time—and without 'the hateful tip.'"

The probationers' dresses are of green and white, and the screens of scarlet twill, "bringing a vivid note into the colorless wards," and making up the three colors of the Italian flag.

The head nurses, most of whom are from England, have a group of ten probationers to teach.

MISS BAXTER'S school in Naples is also developing steadily; a new operating room and children's wards have been placed in Miss Baxter's charge, and she has an English nurse, Miss Bertha Tulloch from St. George's Hospital, as assistant, and night nurses for the children. This is an immense innovation, and two respectable night "chaperons" sit up at night to give the requisite air of propriety required by the nurses' parents.



Miss Baxter, in a letter, says: "I have now three head nurses: Miss Tulloch in the children's wards, and the other two, paid by the hospital, in the two operating rooms. Next year I shall have another in one of the male medical wards, paid by the Pathological Clinic to which two free wards are attached. . . . And, also, I am to have a permanent head nurse in the surgical dispensary . . . the most interesting thing about this is that the request came from the doctors and the hospital directors themselves. . . . I went to Rome on Friday in order to be present at the inauguration ceremony of the new school at the Polyclinic. It was very simple but very impressive. Queen Helena arrived at ten o'clock, and was received by the Princess Doria and Signora Maraini, who represented the committee, and by Miss Snell, Miss Turton, and Miss Clay, the Home Sister, and all the other nurses, consisting of four head nurses, about six staff nurses, and the pupils. One of the staff, the operating-room sister, is a pupil of my own, and I hope to send them another in the autumn. . . . I was very much exhilarated by my visit to Rome, as I found everything beautifully organized. . . . The queen was taken over the nurses' home, which is a perfect little gem, with its pretty white rooms and white enamelled furniture, the beds covered with rose-pattern cretonne;—every floor has its bathroom with modern plumbing of the most approved style. . . . She was very nice to me also and asked some kind questions about my Naples school. Afterwards she went to the wards nursed by the school. The Polyclinic has a capacity of 1260 beds."

DR. HAMILTON also has an English head nurse, Miss Edith Gregory, at the Protestant Hospital, and her work, too, grows continually and she and Miss Elston are hardly able to supply all the calls coming to them. During the past year the Protestant Hospital has had a peculiarly gratifying gift. A young Englishwoman of wealth, Miss Bryant, had taken the full course of training there, in order to prepare for the reformation in Italy, and upon leaving she endowed the hospital with a handsome sum to increase the salaries of all the permanent nurses, in order that Dr. Hamilton might have no trouble in getting and keeping head nurses of a high order. Miss Elston goes quietly on her shining way, her head unturned by all the successes and distinctions that come to her school: three of her nurses have recently been decorated by the War Department for valor in a typhoid epidemic in the army garrison of Saint-Brieuc, the ceremony taking place at the school in the presence of all the staff of physicians and nurses.



SPAIN comes next: The Bordeaux Nurses' Journal tells us that Mlle. Marie Zomak, a member of the German Nurses' Association, who had lived eight years in Spain before taking up a nursing career in Germany, has been called to Madrid to organize there the first school on the pattern of the "Florence Nightingale system," in the *Institut Rubio*, a small and well-endowed hospital which has always had secular nursing, and where she will have the support of a progressive physician and the important people of Madrid. This is a most interesting undertaking, and will be hopefully watched, while Mlle. Zomak will have the best wishes of her whole guild with her.

THE current number of the *Garde-Malade Hospitalière* shows in parallel columns the plagiarisms of Dr. Baccarani from the Hamilton thesis. They are wonderful to behold.

SISTER AGNES KARLL and Sister Maida Lübben have made a very careful statistical and explanatory study of the conditions of health of the 2500 or more Sisters in the Association. Our space does not permit us to go into details, but the findings are shocking in their evidence of overwork and premature exhaustion: Sister Agnes finds the average *working* time of the Sisters to be only *eight years and two months*. Early, and often incurable, invalidism, suicides from fatigue neuroses, premature death, and chronic over-fatigue make a melancholy story, yet of the 2500 all but seventy odd were in perfect health at the time of their entrance into training. Well may Sister Agnes call upon the public, the directors and physicians to open their eyes. For our part, we will say again that the kind of medical science that kills nurses to cure patients is in our eyes only a solemn humbug.

A valuable and unusual service has been done the German nurses by the collation and transcription of all and sundry laws and regulations of the empire and its federated states which have any bearing upon members of the nursing profession in their capacity as self-supporting women in a profession having educational features. Much of the book would be quite unintelligible to American nurses, as we have a much less carefully-regulated social order. Yet in spite of the elaboration of German laws, so rapidly has the modern profession grown, and so little had lawmakers and lords of creation thought about it, that it was almost impossible to find out what *did* concern nurses, either for good or ill. If officials in three different places were questioned on one and the same point, says Sister Agnes, four different answers were given! One each and one to spare! The collation made by Fräulein Charlotte Reichel has

an interesting history. The theme was given to her as a part of her higher studies as a laywoman. Inquiring in hospitals she found that no one knew anything, and what they did they were not allowed to tell. Frä. Reichel, therefore, entered hospitals, as our industrial investigators enter factories, and worked in them until she had practically encountered all the phases of a nurse's life which could or might come under the myriad statutes of the Fatherland. Sister Agnes, who has written a foreword to the book, considers it of extraordinary value both to nurses and to students of social and political economy.

THE Swedish nurses have formed a national association under a governing body consisting of nine nurses who represent prominent groups or institutions. The president is Sister Emmy Lindhagen, the vice-president, Sister Agda Meyerson; treasurer, Sister Bertha Wellin; and the secretary, Sister Estrid Rodhe. The headquarters of the association will be in Stockholm, where the charming little blue and white journal is already edited by Miss Rodhe. Our most cordial good wishes to the new association, and we hope to see it enter the International Council at Cologne.

MISS WALD writes from Japan: "We went to the graduating exercises of midwives at Dr. Saiki's hospital. Thirty-eight women completed one year's study which, after government examination, permits the practice of midwifery. These examinations are said to be difficult. Dr. Saiki is a graduate of the University of Pennsylvania and a post-graduate student of the Johns Hopkins. Most of these women returned to the hospital for an additional year of training to complete the course for a trained nurse's certificate.

"I addressed them, and the interpreter then made an elaborate speech in Japanese purporting to be my impromptu remarks. The room where we had the exercises was matted as usual, the students sitting on the floor. On the wall was the picture of the Empress who, 1200 years ago, nursed the lepers. We are having her story translated to you."

MISS HIBBARD writes from Havana: "We had a very serious explosion of dynamite at Pinar del Rio, on May 18th. The news of the disaster being telegraphed to the President, relief was organized at once under several groups, the Secretary of Sanitation leaving Havana with eighteen nurses and ten doctors just one hour and a half after the news came. The nurses under Senorita Margarita Nunez and Senorita Martini, the superintendent of the Mercedes hospital, are doing excellent work and

have been on duty on the spot since the 18th. This is the first time the Cuban nurses have been called to a scene of national disaster, and I do feel so proud of them;—all I hear is praise of their work and appreciation of the spirit they have shown. The nurses went by government order, as they could be mobilized much more quickly than by the Red Cross."

THE Bordeaux nurses have entered with enthusiasm upon the anti-alcoholic crusade, and the April number of *La Garde-Malade Hospitalière* has a strong and impressive article of great value upon the destructive action of alcohol on race efficiency.

MRS. FENWICK sent a wreath of flowers to lay upon the bier of the late king, from the members of the International Council of Nurses, who, last summer, enjoyed a special mark of his kindness and regard for nurses in the never-to-be-forgotten visit to Windsor.

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LIFE has a tendency to become a mere mechanical repetition of things done before. We do not conquer circumstance; we are conquered by it. How necessary, then, is a sudden break in daily routine, a turning away from our usual interests, a sharp summons to the soul to reassert her supremacy!—SAMUEL McCOMB, D.D., in *Good Housekeeping Magazine*.

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DEFINITE instruction concerning the nature and methods of prevention of tuberculosis is being given to less than 6 per cent. of the public school children of the United States according to a bulletin issued by the National Association for the Study and Prevention of Tuberculosis.

## DEPARTMENT OF VISITING NURSING AND SOCIAL WELFARE



### NURSING FOR CORPORATIONS \*

By AUGUSTA M. CONDIT

Assistant Superintendent of Nurses, Instructive District Nursing Association,  
Columbus, Ohio.

Or the many fields of usefulness, along the lines of her profession, into which the graduate nurse of to-day has entered, one of the most alluring and important is the work of the factory nurse. Ten years ago, or even a shorter space of time, skilled care for the employees had not been even considered, much less provided for, by any of the manufacturing companies of our country, but to-day there are very few of the factories in the larger cities which have not included the trained nurse in its corps of workers and consider her a most valuable asset. In some cities, one of the regular visiting nurses is given charge of the factory work, the company being responsible to the association for her salary, and her time being entirely at its disposal; the association on the other hand, seeing to it that a capable, and entirely satisfactory woman is provided. Such an arrangement exists in Cleveland between the Visiting Nurse Association and one of the large hardware companies in that city. This, to my mind, is the ideal manner of conducting the first aid and welfare work, as it not only enlarges the scope of the visiting work, but it also brings the corporations into a more intimate relationship, and into closer touch with the various philanthropic organizations of the city—and such contact cannot fail to be of the greatest benefit to each. It also relieves the corporations of the responsibility of a work the various details of which they are not in a position to intelligently comprehend. The Western Electric Company of Chicago, which employs from 3000 to 4000 men, have built a most completely equipped hospital, where any man injured while in its employ can be given not only first aid, but the best of medical, surgical, and nursing care until he is able to resume work again. The Cash Register Co. at Dayton, O., also has some such provisions for the care of its employees.

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\* Read before the Graduate Nurses' Association, Columbus, Ohio, April 6, 1910.



This work was undertaken in Columbus about two years ago, entirely as an experiment, by one of the largest manufacturing companies, and I feel perfectly safe in saying that the results of the experiment have far exceeded all expectations—the work, even in so short a time, has proven itself to be not only invaluable, but absolutely indispensable, to the company under whose direction it was established. With this company the welfare work is an important feature; and this, combined with the dispensary and “first aid” work, is at this time under the direction and supervision of a resident physician, and a nurse, whom you all know as a woman well fitted for the position she occupies,—a position, which you will appreciate requires not only a well-equipped but a resourceful and tactful woman.

You think this nurse has little to do? Why she is the busiest woman in our profession. Listen to some of the details: she has charge of the factory dispensary and general supervision of hygienic conditions in all the buildings. Each department foreman sends the name and address of an absent employee and she visits the home, making a report by telephone as to the conditions found there: this is done with office employees also, on the same basis as with the factory employees. Full and comprehensive records are kept of each person visited in the homes, these records embracing a detailed account of the various members of the family, general home conditions, etc. Often the most delicate adjustment between physician, family, and neighbors depends upon her discretion; and right here is where the nurse is most valuable, and almost without an exception, most appreciated, and most welcome.

In the pocket of the average factory man, after the rent, grocery, and gas bills have been paid, there is little or no money for extra help for the tired mother and wife when illness comes. The nurse entering this home once or twice a day, where a little child lies ill with pneumonia or some such dread disease, is of inestimable comfort and help to the little mother there, sharing with her the responsibility of the care of the child, by giving much needed advice and cheering her in numberless ways. In cases in which more care is needed than the nurse has time to give, the visiting nurse becomes useful.

Often in her visits to the homes the nurse discovers conditions existing which need consideration and adjustment; perhaps some member of the family may be the victim of a disease hitherto unsuspected, which the experienced eye of the nurse quickly discerns, and medical aid is advised and even provided in many cases; or a baby, actually suffering from the lack of proper and sufficient nourishment, is directed along the path to “peace and plenty” under the careful and intelligent guidance of the nurse.



The lessons in ordinary and surgical cleanliness, the importance of care, and the danger in the neglect of the slight injuries as well as in the more serious ones, which in his dispensary experience is indelibly stamped upon the mind of the factory man, are lessons which, if he heeds, will save him not only dollars and cents, but suffering and in many cases, his life.

While this work, from the viewpoint of the employer, is of financial value, I know whereof I speak when I say that it is in a larger sense an indication of the deep personal interest taken in the work and life of the man at the bench, in the foundry, and in the office; and this same man is beginning to appreciate more and more the fact that somebody knows and cares when he is absent from work, and cares enough to find out why, and to give both sympathy and aid when needed.

And now just a glance at the amount and nature of the work done in the dispensary at the Jeffrey Manufacturing Co., for which it is well equipped. During the month of March "first aid" was given 318 patients, a daily average of about 15 original cases: There were 414 re-dressings made during the month, a daily average of 20; 327 medical cases were given attention, a daily average of 16, making a total daily average of 51 cases, and a total for the month of over 1000 cases in the dispensary. Besides these, there will be at least four or five calls for the nurse to make daily, in as many parts of the city, these calls not being included in the general average.

As to the nature of the original injuries, most of these can be classed under some one of the following heads: injuries to the eye, by flying bits of steel, emery, &c.; cuts about the face and head, or on the hands; bruises, of different parts of the body; and burns, which are, perhaps, the most troublesome of all, as they are usually received from molten iron dropping inside the shoe, and burning its way well into the tissues of the foot before the shoe can be removed. These burns require a long time before the healing process is complete and they are particularly difficult to protect against infection owing to the locality of the burn and to the fact that the patient is anxious to continue his work.

There are, also, crushed fingers and toes, strained tendons, sprained ankles, and occasionally fractured and even broken bones. In accidents of a serious nature the consulting surgeon, employed by the company, is called and the patient removed either to his home or to one of the hospitals as the case may require. Since the establishment of this work the percentage of infections following injuries is practically nil.

In reviewing the work of the two years with a member of this company this statement was made: "We can conservatively say that the

results of our experiment have far exceeded all our expectations; the work is of great value, both to the company and to its men, it has opened up undreamed of avenues for usefulness and we feel that we could not operate our factory satisfactorily without our first aid and welfare work.

NOTE.—It has been a matter of pride with the JOURNAL's management, from its beginning, to offer to its readers original reading matter, prepared exclusively for its pages. There appeared in this department last month a short article which we have since seen in three other magazines. The writer explains that she did not intend her contribution as an article, but as a report for the department of news items. As it was prepared in literary form and under a title, this was not clear to us when we received it, and we are sorry it was misplaced.

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THE PROBLEM OF THE HOUSE MOSQUITO.—In New Jersey the work done in the salt marshes since 1904 has practically eliminated the migratory species of mosquito, says Smith (*Bull. 216, New Jersey Agricultural Exper. Station*, November, 1908), but the local breeding house mosquito still annoys to a greater or less extent, depending on favorable conditions of season and moisture. It breeds in one or two weeks in every conceivable sort of place where there is even the smallest quantity of stagnant water, and its extinction depends on constant vigilance in destroying its breeding-places. The impregnated female hibernates in cellars, garrets, cold rooms, dark and sheltered places, hollow trees, under loose bark, and even in burrows or holes in the ground. In the spring the eggs are laid on the surface of the water and soon hatch. In cellars and similar inclosed places they may be killed by fumigation with phenol and camphor or by burning stramonium. All cisterns, rain-barrels, etc., should be kept covered and all pools drained and filled, or covered with oil. Even sewer catch-basins afford breeding-places for them and these should be looked after. In New Jersey, water in which larvæ breed is declared by statute to be a nuisance; local boards of health are given power to abate it and their orders may be enforced against municipalities as well as individuals.—*Journal of the American Medical Association*.

## NOTES FROM THE MEDICAL PRESS



IN CHARGE OF

ELISABETH ROBINSON SCOVIL

**HOSPITAL INFECTION OF TUBERCULOSIS.**—In an article in the *British Medical Journal*, J. Edward Squire, M.D., gives the result of inquiries as to the prevalence of infection amongst the medical staffs and nurses of special hospitals for the treatment of tuberculosis. Of twenty-seven residents who replied to his inquiries, only four had suffered from the disease. Of these, two were victims before their residence in hospital, one had had a local infection of the hand acquired at a post mortem, and another had so-called tubercular warts on one hand which had been removed; all four were alive and well at the time of writing. He concludes that the risk of infection is little, if at all, greater than in a general hospital. The risk of tuberculous infection, even in a hospital for consumptives, appears to constitute a very slight danger, whether to medical men or nurses.

**A STEP TOWARDS THE CURE OF CANCER.**—*The New York Medical Journal* says: In all professions the men who have died at their post, in the conscientious and ardent pursuit of a great idea, are those who furnish the greatest inspiration. Dr. Hodenpyl, whose untimely death, from pneumonia, at the age of forty-six, occurred on May 5th, was known as one of the ablest pathologists of New York, and the work into which he had thrown all his energy and effort for the last two years was one which will perhaps enable his successors to work out a cure for cancer. He had found that a number of cancerous patients who were considered beyond operative help were relieved, at least temporarily, from all symptoms, by the injection of the ascitic fluid obtained by tapping a patient who was one of those rare ones that sometimes recover, of themselves, from extensive carcinoma.

It is premature at this time to predict that a cancer cure has been discovered; but it is probable that one of the greatest steps forward has been taken, and though the obtaining of antiserum in appreciable quantities may be the work of his successors, the glory of having indicated the new line of work will be associated with Dr. Hodenpyl's memory.

**NEW FACTS ON CANCER.**—*McClure's Magazine* for May has an

article, by Burton J. Hendrick, on this subject, a continuation of one published several months ago. After outlining Dr. Hodenpyl's experiments with the serum treatment, referred to in the paragraph above, he gives these general conclusions:

"And the peculiarity of cancer is that it apparently assails our most valuable lives. Unlike most of the contagious diseases, it does not flourish in filthy and noisome back alleys, but seeks the sunlight and the homes of the industrious, the happy, the prosperous. In the East Side tenement section of New York, in the East End of London, it finds fewer victims than in the more sanitary parts of both cities. According to the figures of the statisticians, viciousness and crime, while they strongly induce other deadly diseases, apparently offer a mysterious immunity to cancer. Thus, among men, few drunkards are cancerous, and, among women, few prostitutes. In workhouses, jails, and lunatic asylums cancer is likewise only exceptionally found. Women are the greatest sufferers; according to the highest statistics, one in every eight, above the age of thirty-five, dies from this disease; married women succumb more frequently than unmarried, and fertile women more frequently than barren. These are the facts that give an absorbing interest to Dr. Hodenpyl's important experiments."

**NUTRIENT SUPPOSITORIES.**—*The Interstate Medical Journal*, quoting from a German contemporary, says: The comparative uselessness of nutritive enemata has led Boas to suggest replacing them by nutritive suppositories, consisting of crystallized egg albumin, dextrin, salt and cocoa-butter. If these suppositories are made two and a half inches long and half an inch in diameter, they will contain a little over 46 calories. Four or five of these suppositories can readily be introduced daily, so that the patient receives some 230 calories. This, of course, does not represent a sufficient nourishment, but it is greatly superior to anything that can be attained by means of nutritive enemata. In addition, the necessary water must be supplied by means of two saline enemas daily of a pint each. The suppositories are well tolerated and represent a distinct advance in rectal alimentation. Both crystallized egg albumin and dextrin are readily obtainable from dealers in chemical supplies.

**SUTURE OF THE FEMORAL ARTERY.**—*The Medical Record*, quoting from a German contemporary, says: Sonnenburg reports the case of a man in whom the anterior femoral artery was cut almost completely across by a splinter of steel. The diagnosis was difficult, but as the hematoma increased in size an incision was made. The torn ends of the artery were approximated and sutured by the circular method of Carrel.



The results were perfect; pulsation returned to the foot; the leg, which was cold, became warm, and the limb was saved.

**EVIL EFFECTS OF SOOTHING SYRUP.**—*The Journal of the American Medical Association* reports the death of a child, ten months old, from the administration of one teaspoonful of Mrs. Winslow's soothing syrup. Stimulation by atropine, strychnia, and alcohol was tried, but without avail.

#### CURRENT LITERATURE OF INTEREST TO NURSES

*Medical Record*, May 14, "The Cause and Prevention of Typhoid Fever," Editorial; May 21, "Hygienic Principles of Ventilation," W. A. Evans, M.D.; May 28, "Therapeutic Possibilities of the Juice of the Fresh Pineapple," B. G. R. Williams, M.D. *N. Y. Medical Journal*, May 7, "Norway for Neurasthenia," Charles E. Namenack, M.D.; May 14, "Diet in Pulmonary Tuberculosis," Charles Bayersley, M.D.; May 21, "Sterility in the Female," Charles Gardner Child, Jr., M.D.; May 28, "Comets and Plagues," John Knott, M.D. *Journal of the American Medical Association*, May 14, "Ergot," "Being Supplanted," Editorial. May 21, "The Soy Bean as an Article of Diet for Infants," John Ruhräh, M.D.; June 4, "Some Public Health Problems," G. Milton Linthicum, M.D., "A Water Curtain for Cooling Rooms," William J. Manning, M.D.; June 11, "Methods for Extending Popular Education in Public Health and Preventive Medicine," Seneca Egbert, M.D., "Institutional Treatment of Nervous and Mental Diseases," Theodore Diller, M.D., "Ulcers of the Leg." *Boston Medical and Surgical Journal*, May 5, "Need of Instruction and Experience in Nursing as Part of Medical Education," F. P. Denny. *The Dietetic and Hygienic Gazette*, June, "Is the Use of Hot Water Bottles Advisable in the Treatment of the Collapse of Cholera and Shock?" Seward Rogers, M.D. *The Survey*, May 14, "Hospital Social Work," Garnet Isabel Pelton, "National Tuberculosis Association Meeting," Philip P. Jacobs; May 28, "New York City's Dental Hygiene Conference and Exhibit," Mabel Rae; June 4, "Nursing Conventions and Nightingale Anniversary," "Florence Nightingale a Sanitary Statesman," "Decencies which a Laborer's Wage Denies," Frederick Almy.



## LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this Department.]

### ANOTHER SUBJECT SUGGESTED

DEAR EDITOR: I appreciate the inspiration the JOURNAL has given me ever since I opened and read the first copy. I have just finished perusing the nine volumes and have cut out and filed away the articles that I could not dispense with. As I have no home, I needed the space, but the necessary review was of more value than the end I sought.

You asked in the April number what subjects we would like written about. The article on hook-worm was excellent. Can some one tell us about the old fashioned tape-worm? It is seldom written about and yet I fear is quite common.

L. M. T.

### AMUSEMENT OF SICK CHILDREN

#### I.

DEAR EDITOR: Here is a suggestion for nurses who want to amuse sick children. In the *Strand Magazine* of December, 1908, there is an article called "Tales with Tangrams" describing an old Chinese puzzle. It may be cut out of black pasteboard and the pieces can be used to form figures, letters, animals, and all sorts of things. These figures could be copied from the magazine by laying a piece of thin paper over the black figures and tracing the outlines with a pencil. Then a nurse could carry this paper with her in her valise and not have the weight of the whole magazine. Miss Ledwidge once read a paper before the Illinois Training School Alumnae in which she suggested using a piece of putty for moulding animals, etc.

ISABEL JARVIS.

(We have seen, many years ago, a Chinese puzzle, like the one described, we think, made of sandal wood, fitting neatly into a tiny square box, and accompanied by two books, one containing designs which might be made with the pieces, the other a key to the working out of the designs. This would amuse older patients as well as children.—Ed.)

#### II.

DEAR EDITOR: I see in the April magazine a request for suggestions for entertainment of sick children and have one to give. This is to provide a blank book and make of it a baby-house for paper dolls, by giving a page for different rooms of a house and pasting upon them pictures of furniture adapted to each room, such as may be cut from newspaper advertisements, catalogues, etc. This would keep up an interest for many days.

In the discussion of how to provide nurses for people unable to pay the highest prices, it has occurred to me that until a graduate has had some experience in private nursing her fee should be more moderate than what she should command later.

H. F. K.

MRS. ROBB'S PICTURE VALUED

DEAR EDITOR: No picture of Isabel Hampton Robb in her nurse's dress accompanied my copy of the June JOURNAL, and as I set great value by it I would be very grateful for it.

I love the JOURNAL as my best friend and trust our leaders may enjoy long health and God's blessing to direct and instruct us through its most beautiful print and page.

H. M. C.

A REPLY TO "A. J. C."

DEAR EDITOR: I have just gotten off of a very arduous case, and it is such a pleasure to rest and read "my JOURNAL."

I notice on page 572 (Letters to the Editor), the question is asked as to the "easiest way to remove nits from the hair." In my nursing in the pauper wards of the city hospital, and in my office work and private nursing, I have seen numerous cases of *Pediculus capitis*, or head lice, and have carried out the suggested treatment by order of the physician for whom I was nursing.

I never make any suggestion or use any treatment unless ordered to do so by a physician; but I have had to nurse in families where the children had become afflicted with the "critters" mentioned, and on reporting the matter to the physician in attendance, he would tell me to do what I could in self defense. Judging that A.J.C. has found herself in a similar predicament, I will tell what I have had to do.

You mentioned kerosene oil, and Morrow, in his *Dermatology*, 1895, page 950, says "Kerosene oil is the most reliable remedy to kill the parasite and its eggs." Before making the application I always thoroughly scrub the scalp with hot water and green soap. Morrow further states, that "the scalp is soaked freely with the oil, and then covered with a bathing cap or something similar. Then after twenty-four hours again wash the scalp with warm water and soap."

After this A.J.C. may use her vinegar, with success, to remove the nits or ova. Waugh, in his "Treatment of the Sick," states that "all the essential oils destroy lice of all varieties. For head lice the tincture of *Cocculus indicus* or fish berries, is effective. The application should be renewed twice a week to reach the newly hatched broods. No treatment is effective unless the source of fresh supply is cut off." To do this we will sometimes be compelled to treat several members of the same family. There are many formulas which can be used with good results, but for cosmetic reasons lotions are to be preferred to ointments. I have used a preparation of salicylic acid, precipitated sulphur, powdered camphor, and alcohol, with oil of rosemary, to give a pleasant odor, with satisfactory results.

M.L.C.

FROM SOUTH AMERICA

DEAR EDITOR: I always look forward to the JOURNAL with much pleasure, living so far away from all my sister nurses I perhaps appreciate it more than ever before.

I wonder whether any of your readers would be interested to know how one of their fellow-workers is getting on in Peru, where she is, perhaps, the only actual graduate nurse from the United States.

In 1909 I accepted the position of superintendent (here called matron) of an orphan asylum and hospital for infants in Lima and should like to write a few lines to the JOURNAL.

B. M., R.N.

#### A SUGGESTION FOR COMMENCEMENT EXERCISES

DEAR EDITOR: I haven't been active in the nursing world for three years, but since JANUARY have been reading THE AMERICAN JOURNAL OF NURSING, and from it have derived so much enthusiasm and inspiration, that before re-entering the field of nursing have determined to take the course in Hospital Economics offered by Teachers' College.

In looking over the programmes of recent commencement exercises of different training schools, the question arises that was ever present during preparations for the graduating exercises, ten years ago, of a certain class of nurses of which I was a member.

Why do not nurses furnish the literary and musical parts of their own commencement exercises? Why it is that all the places are filled by outside speakers, elocutionists, and musicians, and not a nurse expected to do anything that shows she has brains or talent?

In this class of which I have made mention, there were two college graduates, three high school graduates, and at least three of the members were fairly good musicians, and when a number of us would get together in the reception room and sing, while one accompanied on the piano, the result was not bad. Yet when commencement came, all we were expected to do was to march into the chapel and keep our seats till the program was finished, then stand up and make a bow when our diplomas were presented.

I am sure a program given by nurses would be interesting to an audience composed, chiefly, of their own particular friends and relations, although it might not show such high finish and art as one rendered by outside talent.

M. G. B.

(This seems to us a good suggestion, and we do not see why a demonstration by part of the class, and several essays on nursing subjects by others, with music by the members who are gifted, would not make a welcome change from the customary addresses. In several schools the singing by the seniors of the "school hymn"; in others, the administration of the Nightingale pledge, or the Hippocratic Oath, are the most impressive parts of the program.—Ed.)

#### TWO UNUSUAL CASES

DEAR EDITOR: If not imposing or taking too much space in your valuable JOURNAL, I would like to ask those readers particularly interested in obstetrics, if they have experienced a case of hemorrhage in the new-born. Having had two such cases within six months, and being unable to fully understand the cause, I would like to hear if I am the only unfortunate to have such experiences and so similar.

My first case was on April 3, 1909, normal labor, baby girl, 8 pounds, delivered at 10 P.M., Saturday. During the night the babe slept well; cried occasionally, Sunday, all night; Sunday night a little more wakeful, urinated and passed meconium shortly after birth, and took the breast. Monday, early in the morning, the babe was more restless, cried as though in pain. This continued until

9 A.M., when she began to cry harder and passed a stool which was a dark brown. She had two movements within one-half hour, and I noticed instead of a dark brown it was more of a reddish. Not feeling that all was well I telephoned for the doctor as he had not made his morning call. By this time she had another and it was quite a decided red. By the time doctor arrived it was very evident that the little one was having hemorrhage. This continued for twelve hours, the intervals between the movements varying from twenty minutes to one-half hour, the little one crying sharply with each discharge. Sometimes the stool was of a thick substance and later clots. The doctor ordered alum injections, but these proved too severe, after two treatments, causing so much distress. For medication she had sodium chloride, gtt. X, every two hours, Wyeth's infant anodine, 1 pellet every hour, and atropine gtt. 1, of 1-100, every two hours. A consultation was held and there seemed nothing but death for the little one. Her body was very yellow and her face pinched, every indication of shock and exhaustion. After twelve hours, the movements became less frequent and gradually became normal and the baby is now perfectly well and has never had another attack.

Case number 2. October 2, 1909.—Normal labor, baby girl, 7 pounds. Babe very red, especially head and face, at birth. Slept fairly well first night, cried out a few times, but no more than usual. Mecomium at birth, but none during the night or in the morning. About 11 o'clock the next morning she vomited a brown mucus discharge, seemed relieved, and I placed her in the crib. She remained quiet until shortly after noon when she vomited again, of the same nature. I noticed she was straining. I carried her away from the mother and saw such a sight! Her entire clothing and back up to her neck were saturated with that peculiar reddish brown discharge with a pungent odor. I asked some one to telephone for the doctor at once. He was the same physician who had charge of the other case and we began the same treatment. The little one was so weak after this that I removed her clothing and wrapped her up. She cried constantly and though she only had two more slight hemorrhages she gradually grew weaker and at 6 P.M. passed away. It seemed so dreadful to have that precious little soul in such misery, and the poor mother! These two cases at the time were the first the doctor had ever experienced and he has been practising a number of years. Since then, however, he has had another similar, the child vomited instead of passing blood through the bowel.

Our text-books tell us that hemorrhage is often the cause of infant mortality, but it certainly seems strange to have such a condition in an apparently perfect babe. How we do want the little ones to be well, how unhappy is a case when one thing goes wrong, how much pleasure when the mother and babe are well!

I find the JOURNAL such a help to me and do wish all members of the staff every success possible.

A READER.



## NURSING NEWS AND ANNOUNCEMENTS



### NATIONAL

#### REPORT OF THE SEVENTEENTH ANNUAL MEETING OF THE AMERICAN SOCIETY OF SUPERINTENDENTS OF TRAINING SCHOOLS FOR NURSES

THE AMERICAN SOCIETY OF SUPERINTENDENTS OF TRAINING SCHOOLS FOR NURSES held its seventeenth annual meeting at the Academy of Medicine, New York, May 16-17, 1910.

The first session was called to order by the president, Miss Nutting, on May 16, at 10 A.M. After the invocation by the Rev. Henry Lubeck, LL.D., D. C. L., Rector of Zion and St. Timothy's Church, New York City, the address of welcome was given by President Finley of the College of the City of New York. In Dr. Finley's address he dwelt on the fact that the nurse is a soldier of the state whose duty it is to fight bacteria which attack both mind and body and who, to contend successfully with such antagonists, requires high intellectual training and to be imbued with the great virtue of the soldier—forgetfulness of self. He paid a tribute to Florence Nightingale and prophesied that historians of the future would not record the victories of slaughter but the salvation of medicine, would not tell of the beauty of Helen of Troy, but of the beauty of the woman who formed the first school for nurses out of the chaos of war.

Miss Georgia M. Nevins, in response to the address of welcome, spoke of the enthusiasm and assistance which each member carried back to her school and her work from these annual meetings, which well rewarded her for the great effort she had made to drop her innumerable ties and come to compare notes and to listen and to see. Miss Nevins said that the pleasure of the convention was clouded by the great loss of a friend and teacher—Isabel Hampton Robb, the organizer of the society, who, trained in this country, belonged to the whole nursing world. She spoke of the pleasure to all members of having the delightful remembrance of being led by Mrs. Robb at the convention of last year.

Miss Nutting began her address, as president, with a few words regarding the sudden loss of Mrs. Robb, the member to whose broad vision nurses owe so much, as the friend and comrade who was being mourned, and who at this time, when honor was being paid to a great nurse, should also receive much honor. She spoke of the sorrow of the English nurses and our sympathy for them in the death of Miss Isla Stewart, of the great responsibility of the members of the society who hold in their hands the future of the schools, every step of these schools is of vital importance, and for the government of which are more and more needed women of intelligence, ability, sound education, and good judgment. She reminded the society that it must be ready to recognize deficiencies, must be willing to receive criticism, remembering, for encouragement, that members of all educational systems—the kindergartner, the teacher, and even the physician—are at times under fire.



The secretary for the council reported that five meetings had been held during the year at which all business of the society had been taken care of: Seven members had withdrawn from membership, six had been dropped for non-payment of dues, and fifty-four new members had been accepted by the society. As it was felt by the council that there was needed more visible results than could be accomplished by the annual spasmodic efforts of the national society, the secretary had been instructed to send letters to representative members throughout the country, urging the formation of local societies in cities and other large centres. In response to 35 such letters, 9 replies stated that no such organizations existed; 2 hoped to organize; 3 claimed a Superintendents' Society, and the remainder failed to reply.

The secretary reported that urgent invitations had been received to hold the society's seventeenth convention in St. Louis, Atlantic City, Chicago, and Boston.

The appointment of a committee was reported by the council to draw up resolutions to suitably express its grief for the loss of Mrs. Robb; and it recommended a memorial to her, which would be national in character.

After the council's report, Miss McIsaac, one of the earliest pupils of Mrs. Robb, spoke most feelingly of her work and life and influence on all nursing matters, and moved that an expression of sympathy be sent to Dr. Robb and his family. The chair appointed the following committee to draw up such resolutions: Miss McIsaac, Miss Dock, an old and intimate friend, and Miss Nevins, one of the early Johns Hopkins graduates.

Mrs. Jenkins, to whom all nurses feel grateful for her recent generous endowment to Teachers' College, was then introduced to the society, the members receiving her standing and with much applause. The president stated that Mrs. Jenkins wished it known that she believes there should be a national Isabel Hampton Robb memorial, something worth while and entirely worthy of her: The president also announced that Mrs. Jenkins wished to contribute toward a memorial for Mrs. Robb and this year will do so by offering an Isabel Hampton scholarship of \$200, hoping to add to this later.

The resignation of Miss Linda Richards being received, the society moved that the first graduate of this country should be made an honorary member, and should be notified by telegram of the action taken.

The chair was instructed to appoint a committee to send cable greetings to Miss Nightingale on the eve of the celebration of the fiftieth anniversary of her founding the first training school; a committee was also appointed to send sympathy and regrets to Miss Drown, one of its most valued members, for her inability to be present on account of lengthy illness.

The report of the Treasurer was read and accepted.

Miss Goodrich, chairman of the committee on Nursing and Health, read a report which was received with interest and enthusiasm, the growth of the work at Teachers' College in many ways being very evident. This committee urged the formation of scholarships of from \$100 to \$200; the assistance by individual schools of their best graduates to take the course; spoke of the time and interest given by several of the busy hospital superintendents of New York City; of the new connection with St. Luke's Hospital for practical work; of the improved conditions for experience and instruction in laundry, kitchen, and dining-room management, as also of the new course in business

training and other departments for the coming year. It reported an increased number of applications for entrance received during the year, many calls from hospitals for superintendents, teachers, and department heads. It spoke of the loss of that member who had conceived the idea of the course and who had placed it in the hands of this society, and of this great responsibility which it must continue to bear wisely and well. The report ended with a recommendation from the committee that a chair be endowed in the department of Nursing and Health in memory of Isabel Hampton Robb. Upon motion this report was accepted as a whole by the society.

Miss McIsaac was appointed from the floor as chairman of a committee, the duties of which consisted of selecting a suitable permanent committee to take charge of the Isabel Hampton Memorial. No report on Red Cross affairs could be given, Mrs. Robb having been chairman. Miss Delano expressing the belief that an advisory committee from the Superintendents' Society would be helpful to the National Red Cross Committee, the council was instructed to appoint such a committee.

The chair announced the nominating committee to consist of Miss Delano, Miss Samuel, and Miss Noyes.

Miss Alline presented the need of local and state societies of superintendents of training schools for nurses; told of the work along this line which was being done in New York State; of the assistance it was proving to the individual nurse, and of the results thus made possible for improved conditions in nurses' schools. Miss Noyes, following Miss Alline, told of the plans Massachusetts has of organizing, and spoke with much enthusiasm of the possible results from permanent, local societies.

The chair presenting the need of revision of the constitution and by-laws, —a motion was carried that the council should appoint such a committee.

The afternoon session was called to order by the President at 2 o'clock.

Miss Hay, chairman of the committee on education, took charge of the meeting and stated that the committee in its year's work had followed the plan outlined for it at the Society's meeting in Minneapolis. Miss Eugenia D. Ayers, chairman of the sub-committee on nursing of the eye and ear, recommended that the general hospitals affiliate with special hospitals to secure this most valuable and needed training for its nurses, specifying injuries resulting through the local treatment, and the ante- and post-operative care of these patients by nurses unskilled and ignorant of the responsibilities they rashly assumed. Failing such affiliation, Miss Ayers thought it practicable for general hospitals to place their eye and ear patients together under the supervision of a nurse who had received instruction in this branch of nursing.

Miss Martha M. Russell, chairman of the sub-committee on obstetrical nursing, in her report, stated that with two exceptions all hospitals with which the committee could get in touch were trying to secure training for their nurses in this branch of the work, although there still existed much lack of uniformity in all the details of methods. Her committee recommended a three months' course of training given in the second or final year, regretted the evident reluctance on the part of graduate nurses to take care of this class of patient, and touched on the ethical side of the question—the duty and

the opportunity of the nurse to the mother and the child. The importance of this training for the district nurse was brought out by Miss Fulmer and others especially interested in that branch.

Sister Amy, chairman of the sub-committee on the nursing of children, reported that, judging from the answers received from the general hospitals, the training in that branch is not of a satisfactory nature and recommended that the length of time in a children's ward should be four months, under the supervision of a graduate of a children's hospital or of a nurse who had had one year's training in a children's hospital,—this ward to contain at least ten beds for medical patients between two and ten years of age, ten beds for surgical cases of the same age, and six beds for infants.

The last two papers of the session, by Miss Macmahon and Mr. Henry Griseom Parsons of the International School Gardens, dealt with the child and strongly brought out its need for entertainment and occupation. Recommendations were made and instances cited of kindergartens, manual training and graded school work, and children's garden in children's wards and hospitals. Animated discussion showed the interest of those present in this subject. Mr. Parsons stated that those who wished to obtain printed information regarding the work of the International School Gardens could do so by writing to 1133 Broadway, New York.

A committee was appointed to draw up resolutions of sympathy to be sent to the English nursing organizations upon the death of Miss Isla Stewart.

The meeting adjourned after announcement for the entertainment of the guests was made by the chairman of the committee on arrangements.

Tuesday, May 17, the meeting was called to order at 10 A.M., Miss Nutting in the chair.

Announcements, instructions, and invitations of many kinds were made by Miss Goodrich, chairman of the arrangement committee. Miss Maxwell reported that a cablegram expressing greetings from the American nurses, at the time of the celebration of the fiftieth anniversary of her founding of training schools had been sent to Miss Florence Nightingale.

The secretary reported for the council that Miss Dock, Miss Goodrich, and Miss Delano had been appointed a committee to draw up suitable resolutions of sympathy to be sent to the English nursing organizations upon the death of Miss Isla Stewart; that Miss Parsons, of Boston, Miss Hay, of Chicago, Miss Brown, of San Francisco, and, as alternate, Miss Greenwood, of Cincinnati, had been appointed a committee on Red Cross nursing affairs; that the committee on revision of constitution and by-laws consisted of Miss Noyes, Miss McKechnie, and Miss Samuel.

The following resolution of grief for the loss of Mrs. Robb was presented:

"The Councillors of the American Society of Superintendents of Training Schools for Nurses profoundly moved by sorrow and sense of keen personal loss in the tragic and unlooked for death of Isabel Hampton Robb, desire to convey to Dr. Hunter Robb and family their most heartfelt and lasting sympathy in the grief that has befallen them."

Six more applicants were recommended for entrance into membership and accepted.

Letters of sympathy to the society upon its loss of Mrs. Robb were read from Mrs. Bedford Fenwick, representing the Society for Registered Nurses of Great Britain, and from Miss Mollett, the Honorary Secretary of the Matrons' Council of Great Britain and Ireland.

Miss Dock, chairman, read the resolutions prepared by her committee to send to Dr. Robb and to place upon the minutes of the society regarding Mrs. Robb's death. These were accepted as presented.

Interesting discussion arose as to the use of individual tooth brushes for all hospital patients, experience of their use for some time in several hospitals being cited; for the necessity of dental departments in hospitals, and on other subjects which showed the vital interest of all present in every detail of any practical subject which presented itself.

Miss Delano, in her report of progress in army and Red Cross nursing affairs, stated that when she undertook the work in the army she felt herself supported by the fact that she was a member of the nursing organizations of the country and in a way their representative and could depend upon the nurses for their backing and assistance. She stated that an increase in salary for the army nurses had been secured, that cumulative leave is now given, that the quarters for the nurses compare favorably with that provided in training schools, that first class travelling accommodations with ample allowance for sundry expenses is allotted to the nurse, and that in securing all these concessions the co-operation of the Red Cross had been most effective. Miss Delano presented the need of an addition of twenty-five nurses to the present corps.

Miss Hasson, superintendent of the Navy Nurse Corps, in her report stated that the nurse in the navy had benefited by the work done by the Army Nurse Corps, and that their privileges and salaries and allowances were the same. The navy now had forty-eight nurses in different localities of the country; their first permanent quarters are now being built at Washington; the eight-hour day has been established. This report also specified the need for additional suitable applicants.

Miss Parsons, as chairman of the sub-committee on nursing of the nervous and insane, recommended that general hospitals should offer this as optional training to pupils in their third year and gave an interesting outline of post-graduate work in this specialty. Her report and subsequent discussion from the floor on the part of the members and private duty nurses showed the great value of this training to the nurse, as well as the difficulty on the part of the schools in carrying on the work of the hospitals and at the same time giving their students what they desire and need in all special lines of nursing.

Miss Goodrich, chairman of the committee on post-graduate work, gave a most carefully prepared report of the efforts to provide post-graduate opportunities throughout the country. The report, as far as possible, presented the subject from the point of view of the student as well as of the institution; it stated that twelve hospitals alone had received requests from over 2000 women to enter as post-graduate students, for the purpose of specializing, to broaden their education, to prepare for institutional positions, to be able to secure state registration, etc. The result of the discussion which followed plainly showed the need for the development of this work as well as the fact that much reorganization of present methods is desirable.



The auditors reported the books of the treasurer examined and correct, and also the Fund of the Hospital Economics Course correct.

Miss Dock, as a charter member of the society, begged leave to request that she might present the need of a committee to investigate and take care of reports of injustice to any of its members, and cited several instances brought to her notice. Some discussion took place but action on the matter was deferred.

Reports having been received from Miss Delano, chairman of the nominating committee, and announcements from the committee on arrangements, the meeting adjourned.

The first paper of the Tuesday afternoon session was a most excellent one on "Student Government in Colleges" by Miss Julia Stimson. Miss Stimson spoke of some of the problems in common between the college girl and the student nurse, also of the common end in view—that of obtaining a training; of the need of each to supplement the other to make the complete education of the woman. She reported that of 110 women's colleges in the country, 22 have some form of self-government among the women, in all instances being in an experimental stage and in no case entirely satisfactory. The authority placed in the students' hands varies much, although usually it refers to matters of discipline outside of the class room—such as leaving grounds without hats, order and decorum in the grounds of the college buildings, regulations as to exercise and club work; proper chaperonage; limitations of social privileges; investigation of cases of dishonesty, and many other methods by which students may be of assistance to the governing body in obtaining dignified and honorable behavior on the part of its student body. Miss Stimson felt that the value of self-government is in the self-control developed, in the organization of individuals of common interests for common purposes, in the fact that it is in the line of progress and that possibly student nurses had now reached that stage of development where further development and inspiration might be gained by sharing in a movement that has proved helpful to college women.

Miss Luella Goold followed with a paper on "Suggestions as to How Far the Principles of Student Government may be applied to Hospital Training Schools," giving results of a successful experiment tried by her. In the discussion which followed the consensus of opinion seemed to be that self-government for the nurse, in her life outside of her hospital ward duty, might be both an interesting and a desirable thing to be tried, but that this experiment, should be reserved for the nurses' residence and no risk be taken which might react upon the sick in the hospital. A committee was appointed to make a study of the possibility of self-government in schools and to report at the next annual meeting.

Miss Lydia Anderson's paper on "The Preparation of the Teacher for the Training School" spoke of the conditions in the schools making most necessary the advent of the teacher, of the preparation considered adequate for the equipment of the teacher for the work, of the qualifications essential in the woman who wishes to prepare herself for this work, and what may be accomplished in these schools in the future.

Miss Georgia J. Saunders gave a most carefully prepared paper on "Ward Supervision," showing the attractiveness of the work to women qualified to fill these positions, and the great value of such supervisors in the practical training of the nurse and the good nursing of the hospital. That the members were interested in this subject was shown by the fact that the chair was instructed to appoint a committee to study and report upon the advisability of the adoption of the ward supervisors.

The president then introduced Dr. F. M. McMurray, professor of elementary education, Teachers' College, whose address on "The Relation and Proportion of Theory to Practice in Vocational Training" was full of suggestion, information, and encouragement to continue in the effort to obtain the trained mind for the nurse. Dr. McMurray said that it requires the fertile brain, the one filled with knowledge, to allow resourcefulness and adaptability in the man; that it is he with the vacant mind who is difficult to live with, that patience in the individual is due to the extent to which the mind is filled. He spoke of the willingness of the lawyer and physician to take a long course of training, contrasting with them the tendency to short cuts for vocational training, and claimed that impatience to see results of the practical work endangered the principle of providing in vocational training an abundance of theory, so that later, when the time is devoted to the practice of that theory the mind may still be loaded. He emphasized the fact that the value of the worker lies in his knowledge; that if he would make his vocation dignified and worthy of good pay the mind as well as the hand must be educated; and that it is not possible to master any field through practice alone. Dr. McMurray closed his address by expressing surprise at the small ratio of theoretical instruction given in nurses' schools in proportion to the amount of practical work prescribed, and in suggesting the advisability of a change in that ratio.

The following list of names for officers for the new year was presented by the nominating committee and upon motion elected unanimously: president, Miss Riddle; vice-presidents, Miss Goodrich, Miss F. Freese; secretary, Miss McMillan; treasurer, Miss McKechnie; councillors, Miss Nutting, Miss Lauder Sutherland; auditor, Miss Hay.

The chair announced that the Council had selected Boston as the meeting place for the convention in 1911.

After some discussion as to the advisability of presenting the opportunities of the nursing profession to the students of the women's colleges of the country, a committee was provided for to study and act in this matter.

Resolutions of thanks were made to the arrangement committee which had amply provided for the entertainment and comfort of the guests; to the superintendents of New York; to the New York nurses, and to all who had in any way helped to secure the wonderful success of the meetings.

Miss McIsaac, chairman of the preliminary committee whose duty it was to select the group of women who should consider the ways and means and the form the memorial to Mrs. Robb should take, and work in union with the committee from the Associated Alumnae, reported that her committee had selected Miss Maxwell, Miss Goodrich, Miss Nutting, Miss Nevins, and Miss Hay.

With the introduction and welcome of the new president, Miss Riddle, and

a motion of thanks to Miss Nutting for her devotion to the society, the meetings of the Superintendents' Society adjourned.

The secretary frankly acknowledges her inability to adequately report the meetings just completed; to do justice to the addresses given and the papers read; to tell of the interest and enthusiasm, the information and assistance gained, and the pleasure felt by all present. It is much to be regretted that any superintendent of nurses should be deprived of the privilege of attendance, be unable to partake of the hospitality of the Teachers' College, where immediately succeeding the close of this session the members were invited to see the most interesting collection of exhibits, to hear addresses from Dean Russell and others; and, most glorious of all, later, to join in that marvellous anniversary in honor of the great "soldier nurse," Florence Nightingale.

M. HELENA McMILLAN, Secretary.

#### SPECIAL SESSION, SUPERINTENDENTS' SOCIETY AND ASSOCIATED ALUMNÆ

**OCCUPATIONS FOR INVALIDS.**—On Wednesday afternoon, May 18, the American Society of Superintendents and the Associated Alumnae met together in the Horace Mann Auditorium of Teachers' College. Dr. Wood, professor of physical education in the college, presided over the meeting, and Dean Russell delivered the address of welcome to the delegates. It was extremely gratifying to find in such prominent educationalists so sympathetic an attitude toward the work of the nursing body and such an appreciative grasp of the problems which they are seeking to meet. Dean Russell's address appears elsewhere in this magazine.

The remainder of the session was devoted to a discussion of invalid occupations. Miss Susan E. Tracy read a paper on "The Training of the Nurse as Instructor in Invalid Occupations." She showed the great necessity of occupational work in the various phases of illness and convalescence, and the importance of some comprehensive training which would enable the nurse to adapt the work to the tastes and capacities and conditions of the patient. Such a course is regularly carried out in the training school connected with the Adams Nervine Hospital where Miss Tracy is superintendent.

The paper by Dr. Mary Lawson Neff was entitled, "Success and Failure in the Use of Occupation as a Therapeutic Agent." Dr. Neff traced the progress of the work in the treatment of the insane; she showed the evils of the old life of idleness and inaction in institutions for the insane, and the inevitable results of apathy or irritability, which often counteracted the best of their treatment. She showed the great improvements which had followed the introduction of systematized carefully prescribed occupations, games, and pastimes, and indicated the lines along which mental specialists were working at the present time. Dr. Neff emphasized the great importance of intelligent direction and co-operation from the nurses in such cases, and the necessity for special training in these branches.

Dr. Herbert Hall, of Marblehead, Massachusetts, followed with a very interesting paper on "Manual Work as a Remedy." Dr. Hall has made a very careful study of the effects of this work cure in neurasthenia. In Marblehead they operate regular craft-shops, with trained designers and craftsmen, who work in pottery, hand-weaving, wood-carving, etc., and the whole

establishment is on a strictly economic basis. The patients come in from homes or boarding houses, and their work is prescribed for them according to their strength, condition, and adaptability. Fatigue is carefully guarded against, but the patient soon becomes so interested and absorbed in his work, that he forgets his troubles and his sick fancies, and gradually gains in self-control and a healthy interest in life. Dr. Hall is convinced that the work-cure is one of the most valuable agents in their work of mental reconstruction. The economic side of the question is also of considerable importance in a great many cases. Dr. Wood next called upon Dr. Livingston Farrand, who was in the audience. Dr. Farrand spoke briefly on "Occupational Work for Tuberculosis Patients," showing what had been done in that direction, particularly in out-door work, and enumerating the great benefits which had resulted, morally and economically as well as from the therapeutic standpoint. He believed that such a solution of the problem of occupation for tuberculosis patients, was feasible and practicable and highly valuable—whether in sanitariums or home.

Dr. Dow, professor of fine arts in Teachers' College, then discussed the contribution of art to instruction in this field. He showed how the simplest materials and motifs could be utilized to produce most artistic results, and how children, as well as adults, might be trained to see and appreciate the artistic element in simple and ordinary surroundings.

A RECEPTION was held immediately following the afternoon session in the Kindergarten Room to which all delegates were invited. Among those who assisted in receiving the guests were Dean and Mrs. Russell, Mrs. Jenkins, Dr. Wood, Miss Goodrich, Miss Maxwell, Miss Riddle, Miss Nutting, and Miss Delano. Those who wished to see the College and especially the new Household Arts Building were conducted through by students of the nursing department. A large number of the delegates were present at the reception, and it is hoped that a very real personal interest in the College and in its nursing department will be the result of the closer acquaintance.

#### THE EXHIBIT

THE FLORENCE NIGHTINGALE EXHIBIT included autograph letters contributed by the Johns Hopkins Training School, by Dr. Worcester of the Waltham Training School, and by Miss Dehon of New York. The New York Academy of Medicine contributed two inscriptions with autograph. Each of the letters showed some characteristic of Miss Nightingale's own particular style, and were interesting, not only as autographs, but from the subject matter.

From Miss Hamilton, matron of St. Thomas's Hospital, London, was received an attractive collection of photographs, showing the hospital in its beautiful situation on the Thames and interiors of some of the most attractive wards.

There were also copies of various portraits of Miss Nightingale and of the different homes in which her girlhood and later life have been passed. The portraits were contributed from the Surgeon General's Library, and the Polyclinic Hospital of Philadelphia. Of particular interest was a small *carte de visite*, taken in Paris in 1861, loaned by Dr. J. Collins Warren of Boston. This photograph is uncommon, not having been reproduced in any of the accounts of Miss Nightingale's life, as far as is known.



A beautiful statuette of Parian marble, made by Miss Nightingale's sister, Lady Verney, and presented to the Johns Hopkins Training School by Henry Bonham-Carter, Esquire, was loaned by that institution and formed one of the chief features of the exhibit. It is an exquisite little figure, about seventeen inches high, and represents Miss Nightingale as "The Lady with the Lamp," an evident allusion to Longfellow's "Santa Filomena."

One of the most interesting parts of the exhibit was the collection of first editions of "Notes on Nursing" and "Notes on Hospitals," also the copies of the many different editions of her other works, in particular "Notes on Nursing for the Laboring Classes," which has been reprinted year after year and has run up to nearly one hundred thousand copies.

An especial reference must be made to a very beautiful reproduction on vellum of Longfellow's poem, "Santa Filomena," designed and illuminated by Estelle Lightbourn.

Miss Nightingale's cousin, Henry Bonham-Carter, contributed some interesting pamphlets, papers, and editions of Miss Nightingale's best known writings, among them the plans of organization of the School at St. Thomas's, including instructions for Sisters, for head nurses and other members of the staff, and for probationers.

The remainder of the exhibit consisted of a large collection of work from various sanatoria, hospitals, institutions for the blind, insane, etc. Much of this work is unique and all of it suggestive as illustrating the possibilities of manual occupations in the treatment of disease.

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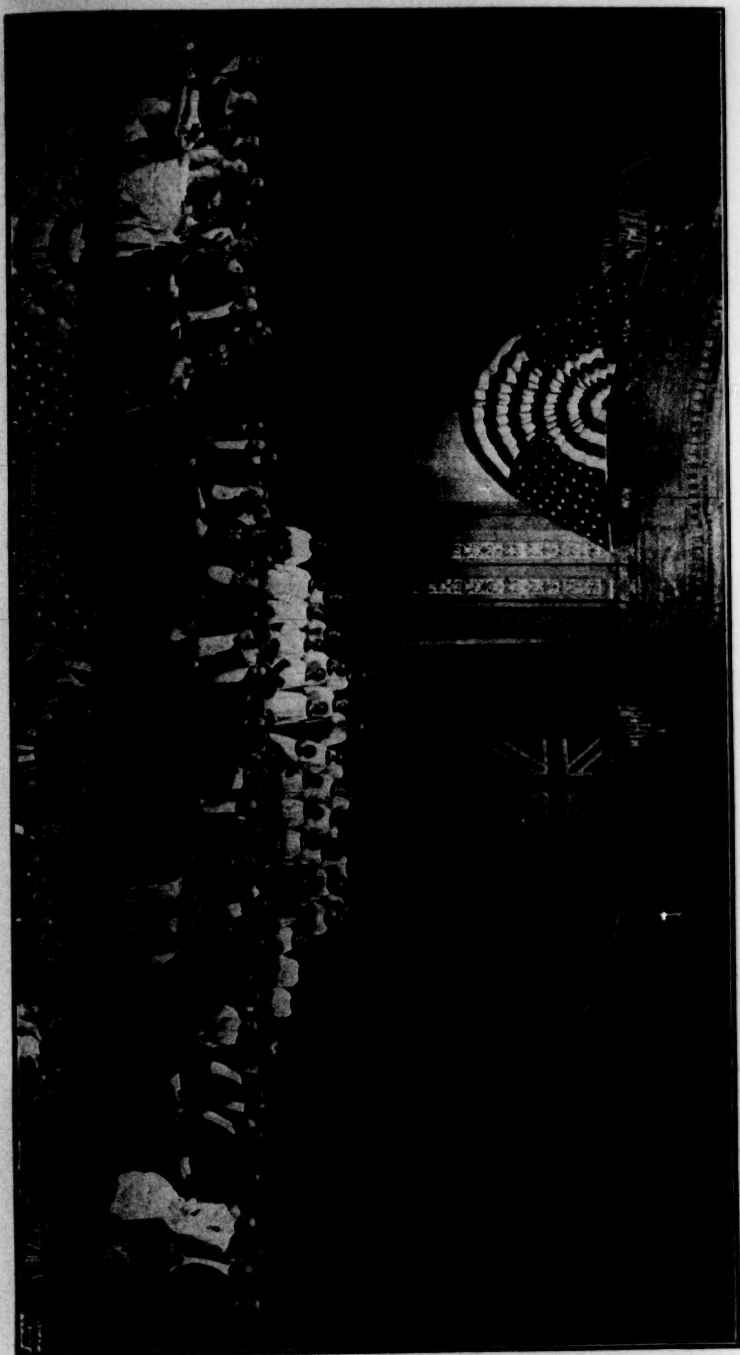
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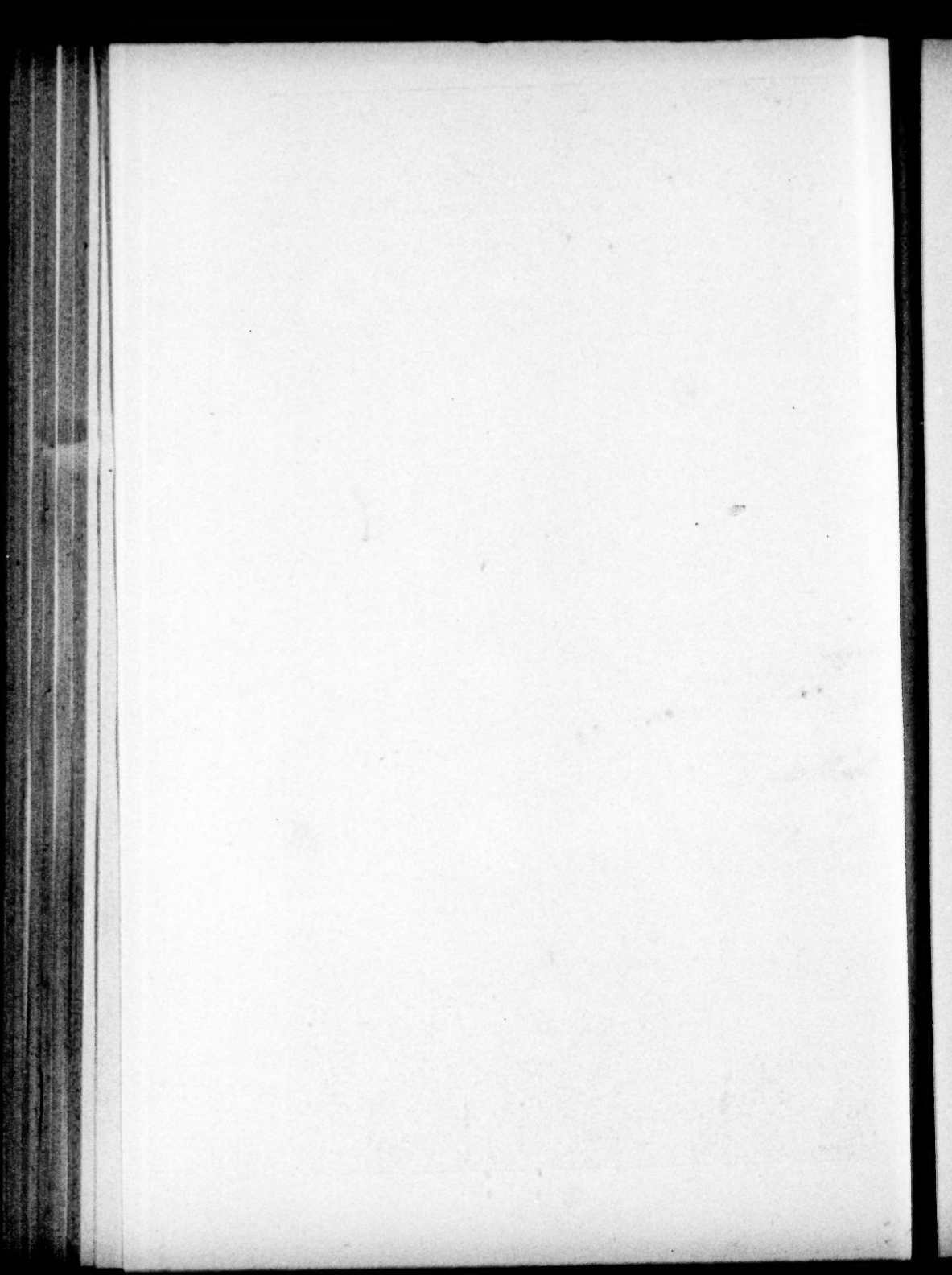
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## THE NIGHTINGALE COMMEMORATION

EXERCISES IN COMMEMORATION OF THE FIFTIETH ANNIVERSARY OF THE FOUNDING BY FLORENCE NIGHTINGALE OF THE FIRST TRAINING SCHOOL FOR NURSES were held on Wednesday evening in Carnegie hall. The body of the building was reserved for delegates of the societies, while the boxes and balconies were occupied by invited guests and pupils from the training schools of New York hospitals. The hall was beautifully decorated with American and British flags—the large Union Jack in the centre being draped in black in recognition of the recent death of the British King. The platform was banked in palms and flowers. It was occupied by the officers of both nursing societies, with







the speakers, and many others especially interested in nursing affairs. The surprised choirs of St. George's Church and of the Cathedral of St. John the Divine, occupied the centre of the platform in the rear, the whole making a most effective picture.<sup>1</sup>

The meeting opened with an organ voluntary by Mr. Homer Norris, followed by a hymn in which the audience joined. The Ven. Archdeacon Nelson offered the prayer of invocation, in the absence, through illness, of Archbishop Greer. The opening address was delivered by Professor Harry Fairfield Osborn of Columbia University; Professor Osborn is a son of that Mrs. Osborn who took such an active part and interest in the founding of Bellevue and who, with her family, has always been such a staunch supporter not only of that institution, but of nursing and nurses generally. Professor Osborn spoke of those earlier days and of the part which Florence Nightingale played in the establishment of high ideals and practical methods of hospital and training-school administration in America.

Col. John Van R. Hoff represented the American army in his appreciation of Florence Nightingale as the soldier nurse. His tribute to her and to her followers in army nursing was very freely and sincerely given, and there could be no question as to the high estimation in which Col. Hoff holds the work of nursing in army organization, nor of the qualifications he would expect in the women who volunteer for army work. He closed with an appeal for a thorough organization of the Red Cross, as an adequate preparation, not only for possible war, but for those national disasters and calamities which seem inevitable.

The Hon. Joseph Choate, late Ambassador to England, took for his theme "What Florence Nightingale Did for Mankind." It was a subject to inspire an orator, and Mr. Choate threw himself into it unreservedly. It would be impossible to indicate the range of historical field which he covered, or to follow him through the many details of Florence Nightingale's early life and training, the fearful conditions in the armies and her work there, to the later incidents of her life and the wide-reaching results of the nursing movement which she initiated. The nursing body is much indebted to Mr. Choate for his very comprehensive and understanding appreciation of the work of their great foundress, and to the public generally for a most graceful and eloquent tribute to a world heroine.

Dr. William Polk followed with an address on "The Influence of the Trained Nurse Upon Developments in Medicine." Dr. Polk was one of the earliest supporters of the modern movement for intelligent scientific nursing of the sick, and is still one of our sanest and staunchest advisors. He is none the less earnestly listened to because he realizes certain limitations and dangers in the field of nursing, but they are the limitations of narrow personal aims and ignorance—rather than the dangers of "one's education"—which we are so often warned against.

Near the close of the meeting, the chairman, Mr. Osborn, read a message which had just been sent Florence Nightingale from the associated nurses of

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<sup>1</sup> The accompanying illustration is from a photograph made at the time, which is unusually distinct. Copies may be obtained at \$2 each from E. F. Foley, photographer, 164 Fifth Avenue, New York City.

America saying that the many hundreds of nurses gathered together that evening sent her their greeting of love and devotion and that they cherished her unperishable name and example as a guiding star in their work.

The Rt. Rev. Monsignor Lavelle representing the Roman Catholic Archbishop of New York closed with the benediction.

The evening was one to be long remembered—one of the notable events in modern nursing, remarkable for its simplicity, dignity, and impressiveness.

#### THE ISABEL HAMPTON ROBB MEMORIAL

IT WAS EXPECTED that a letter regarding the proposed Memorial to Isabel Hampton Robb, to be sent to the various nursing bodies of the United States, would be ready in time for this July issue, but that has been impossible. We trust, however, that ere this every organization represented at either the Superintendents' or Nurses' Associated Alumnae meetings has learned of the project and, animated by the enthusiasm of the reporting delegates, is already devising ways and means towards assuming its largest possible share of this duty and privilege. The following résumé is intended to make clear to the nurses the plans and purposes so far as they have been decided upon, so that all may give with sympathy and understanding. From the nursing body throughout the country, must come this offering, designed not only to perpetuate the memory of one of the greatest benefactors of our profession, but also to give liberal educational opportunities to those women who must in the future assume our educational leadership.

For the benefit of those not yet informed, it may be stated that at the recent meetings in New York of the Superintendents' Society and the Nurses' Associated Alumnae, by the unanimous approval of all present, committees were appointed from both bodies to devise ways and means for creating some fitting memorial to Mrs. Isabel Hampton Robb. The reports of those committees resulted in the establishing of the Isabel Hampton Robb Educational Fund.

(1) *Plan*: It is expected that at least \$50,000.00 will be raised for this fund, the interest of which shall be used for scholarships.

(2) *Value*: These scholarships shall be of different values and will probably range from \$150.00 to \$500.00, as the committee or trustees may determine.

(3) *Purpose*: The purpose of these scholarships shall be to assist graduates of approved training schools, who have given evidence of ability, to profit by the opportunities to prepare themselves for teaching or for social and institutional work in such institutions, and under such conditions, as may be determined by the committee.

(4) *Assignment of Scholarships*: The details are not yet arranged. The scholarships will probably be awarded either (1) by competitive examinations, or (2) assigned to those candidates presenting the best qualifications for making the most of the opportunities that such scholarships would afford, or (3) by a combination of both methods.

(5) *Management of Educational Fund*: For the present the committees appointed by the Superintendents' Society and Associated Alumnae constitute the custodians. No scholarships will be available before a year. The Merchants Loan & Trust Company Bank, of Chicago, will act as treasurer of the fund.



Already \$2136 have been pledged, most of it at the New York meeting. Subscriptions are to be sent to Helen S. Hay, 509 Honore Street, Chicago, Ill. All drafts, money orders, and certified checks should be made payable to The Merchants Loan & Trust Company.

Committee from the Associated Alumnae, Mary M. Riddle, Jane A. Delano, Sophia F. Palmer, Lavinia L. Dock, Isabel McIsaac; from the Superintendents' Society, Annie W. Goodrich, Anna C. Maxwell, Georgia M. Nevins, Adelaide Nutting.

HELEN SCOTT HAY, Chairman.

#### REPORT OF THE HOSPITAL ECONOMICS COURSE

THE HOSPITAL ECONOMICS COMMITTEE presents the following excerpts from Miss Nutting's interesting and suggestive report to the annual meeting of the Superintendents' Society of the year's work at the college.

There were registered in this department at the beginning of the year, 18 students, 5 of whom were students of the previous year taking their second year of work, 12 were juniors, and 1 preparatory. Of these 12 juniors, 6 are arranging to return for a second year, and of the seniors, 3 are returning for a third year, in each instance leading toward the degree of Bachelor of Science.

One difficulty in the way is that of expense, and the few opportunities in the college whereby a student can give assistance and earn a part of her expenses are eagerly sought for. No more useful service can be rendered the work at this time than by making entrance financially possible for the many women who are turning to the college for opportunities they cannot obtain elsewhere. Scholarships of one or two hundred dollars might be offered by alumnae or state associations or individuals, and the ease with which larger sums have been obtained from Boards of Trustees or Managers for some unusually promising graduate of a school suggests interesting possibilities in that direction. Another way is by a form of "Working Scholarships," whereby a student in her second year gives a certain number of hours of assistance daily in various departments of hospital or training-school work, receiving in return maintenance, or some other equivalent. It is estimated that the expense of educating each student at Teachers' College is not less than \$365 a year. The maintenance of so large a body of professors and other teachers, of libraries and finely equipped laboratories, is a very costly affair, and the student's tuition fee of \$150 goes less than half way to meeting it. The contributions of about five hundred dollars yearly, which were made by the Superintendents' Society several years ago, have been therefore very helpful in meeting expenses directly connected with our own department of work, such as the supervision of our students by a nurse (Miss Alline for many years), and the expense of lectures in hospital and training-school subjects. The actual sum contributed for current expenses of the course since established is \$5,339.41. Of this sum \$1,647 seems to have been given by friends and the balance of \$3,692.41 by nurses. Of equal value to the money contribution, however, and perhaps of greater, really, in the development of the course, has been that made for ten consecutive years by training school and hospital superintendents, such as Mrs. Robb, Miss Riddle, Miss Banfield, and Miss Dock, who have served as lecturers without payment, year after year, in some instances even paying their own travelling expenses. If this contribution could

be estimated in actual terms in accordance with the usual cost of such instruction, it would probably show a gift of the value of about \$3000 to the development of the course. The amounts contributed toward the expenses of carrying on the course during the ten years are as follows:

|                                     |                   |
|-------------------------------------|-------------------|
| 1900-1901 .....                     | \$670.00          |
| 1901-1902 .....                     | 675.00            |
| 1902-1903 .....                     | 507.00            |
| 1903-1904 .....                     | 401.01            |
| 1904-1905 .....                     | 1132.00           |
| 1905-1906 .....                     | 550.00            |
| 1906-1907 .....                     | no contributions. |
| 1907-1908 .....                     | 745.40            |
| 1908-1909 .....                     | 555.00            |
| 1909-date (March 1) .....           | 65.00             |
| Total contributions .....           | <u>\$5339.41</u>  |
| Contributed by friends .....        | 1647.00           |
| Balance contributed by nurses ..... | <u>\$3692.41</u>  |

Those who have thus contributed during these years to the maintenance of this work and who have thus courageously upheld the principles which it embodies must now feel rewarded in seeing the good results of their efforts. The course in Hospital Economics has developed into the Department of Nursing and Health, and the endowment provided by Mrs. Jenkins's generosity places the whole matter on a stable and, it is to be hoped, a permanent basis.

As the department continues to grow, it will call for more instructors, and probably for other professorships, but even as it now stands, it has far outgrown the original plans.

#### FINANCIAL REPORT, HOSPITAL ECONOMICS COURSE

June 1, 1909 to May 12, 1910

##### CONTRIBUTIONS.

|   |                  |
|---|------------------|
| Balance in Bank (June 1, 1909) .....                    | \$735.51         |
| St. Mary's Hospital, Brooklyn, Alumnae Association..... | 60.00            |
| Moses Taylor Hospital Alumnae Association.....          | 10.00            |
| Superintendents' Society (for Scholarships).....        | 300.00           |
| Interest on Investment.....                             | 100.00           |
| S. H. Cabaniss—for Virginia Nurses.....                 | 7.50             |
| Interest on Investment.....                             | 125.00           |
| Graduate Nurses' Association, Cleveland, Ohio.....      | 15.00            |
| St. Luke's Hospital, New York, Alumnae Association....  | 50.00            |
| Interest on Investment.....                             | 100.00           |
| Post Graduate Hospital, New York, Alumnae Association.. | 100.00           |
| Iowa State Association of Registered Nurses.....        | 53.50            |
| Georgia State Nurses Association.....                   | 50.00            |
| Interest on Investment.....                             | 125.00           |
|   | <u>\$1831.51</u> |

## DISBURSEMENTS.

|                                       |         |
|---------------------------------------|---------|
| Clerical Work .....                   | \$25.00 |
| Expenses to Cleveland (Lecture) ..... | 13.40   |
| Scholarship—I. Stewart .....          | 150.00  |
| Scholarship—L. Powell .....           | 150.00  |
| Teachers' College Salaries .....      | 200.00  |
| Purchased Bond .....                  | 1008.89 |
| Teachers' College Salaries .....      | 200.00  |
| Exchange on cheque .....              | .10     |
| Exchange on cheques .....             | .23     |
| Balance in Bank (May 12, 1910) .....  | 83.89   |

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 \$1831.51

## SUMMARY.

|  |            |
|--|------------|
| Total receipts from all sources—October, 1907 to May, 1910 ..... | \$11784.30 |
| For Endowment—Current Expenses—Interest on Investments .....     | \$11784.30 |
| Total disbursements, October, 1907 to May, 1910—                 |            |
| Investments .....  | \$9818.06  |
| Expenses .....   | 1882.35    |
| Balance in Bank .....  | 83.89      |

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 \$11784.30

NOTE.—This does not include the sum of \$328.28, which was turned over by the Tuberculosis Committee for a Tuberculosis Scholarship.

M. A. NUTTING,

Treasurer Hospital Economics Funds.

June 10, 1910.

Miss Anna L. Alline, Homeopathic Hospital, Buffalo, N. Y., having accepted the appointment of chairman and treasurer of the Finance Committee, all contributions, either to the Current Expense Fund or to the Endowment Fund, should be addressed directly to her.

ANNIE W. GOODRICH,

Chairman, Hospital Economics Committee.

## CIVIL SERVICE EXAMINATION

THE UNITED STATES CIVIL SERVICE COMMISSION announces an examination for July 27, 1910, for the position of trained nurse in the Isthmian Canal, Philippines, and Indian services. Full information in regard to subjects of examination, places where it is to be held, requirements, salaries paid, etc., may be obtained from The United States Civil Service Commission, Washington, D. C.

## ARMY NURSE CORPS

JANE A. DELANO, superintendent of nurses, left Washington on June 23 for an extended tour which will include a visit to the Philippines.

## NAVY NURSE CORPS

THE NURSES' HOME OF THE NAVAL MEDICAL SCHOOL HOSPITAL will be ready for occupancy about October 1. It is a most commodious and handsome building, containing separate rooms for twenty-one nurses, a three-room suite and private bath for the chief nurse, two reception rooms, living-room, and dining-room on the first floor, with kitchen in the basement.

## MASSACHUSETTS

**Boston.**—MARGARET MARY McCLOSKEY, class of 1909, Long Island Hospital, is now at the Woman's Hospital, New York City, where she is taking a six months' post-graduate course in surgery.

**Westfield.**—NOBLE HOSPITAL TRAINING SCHOOL held graduating exercises on June 3, graduating two nurses. Dr. G. H. Jones addressed the class.

**Milford.**—THE MILFORD HOSPITAL held graduating exercises for the classes of 1909 and 1910 at the Town Hall on May 31. There were nine graduates. The address was given by Maurice Richardson, M.D. The diplomas were presented by Governor Eben S. Draper. A public reception followed the exercises, and a private reception and dance were held later in the evening at Eagle's Hall.

## RHODE ISLAND

**Providence.**—THE RHODE ISLAND HOSPITAL NURSES ALUMNÆ ASSOCIATION entertained the graduating class at the Crown Hotel on May 26. The attendance was larger than ever before, there being present ninety-three members and friends. Several of the older graduates came to the city for the occasion and telegrams and greetings came from many who were unable to attend. The place cards were small photographs of Lucy C. Ayers, the superintendent of nurses, who leaves the hospital this autumn, after ten years of untiring, faithful service. Miss Ayers takes with her the best wishes of the alumnae association, and the hope that she will enjoy a much needed rest. Emma L. Stowe, a former superintendent of nurses, was also present and was warmly received by the members. Rev. Samuel H. Webb addressed the graduating class, as did also Professor John E. Groff of the College of Pharmacy. After the dinner there was a reception, followed by a musicale.

THE BUTLER HOSPITAL TRAINING SCHOOL held its graduating exercises on May 24. The chief address was delivered by Dr. Edward Cowles; subject, "The Debt of the Hospital to the Nurse." Rev. Frank Appleton spoke on the subject of "The Nurse in the Regeneration of Society." The class of 1910 numbered fifteen.

## CONNECTICUT

THE GRADUATE NURSES' ASSOCIATION OF CONNECTICUT held its seventh annual meeting at Wright Hall, Hartford, on May 4. The meeting was called to order by Martha J. Wilkinson, the president, at 3 P.M. after which the reports of the secretary and treasurer were read and accepted. The report of the chairman of the membership committee showed great activity on the part of this committee, a large number of new members having joined the association during the year. After the president's address the following officers



were elected for the coming year: president, Martha J. Wilkinson, Hartford; vice-presidents, Mrs. I. A. Wilcox, Pine Meadows, Miss E. A. Somers, Waterbury; secretary, Mrs. Winifred Ahn Hart, Bridgeport, P. O. Box 162; treasurer, Marcella T. Heavren, New Haven; chairmen of standing committees: ways and means, R. Inde Albaugh, Pleasant Valley; printing, Miss Fitzgerald, Hartford; membership, Miss A. H. McCormac; legislative, Mrs. Edith B. Lockwood, Granby. Following the introduction of the new officers to the members, the meeting was adjourned, and at 6 p.m. the annual dinner was held, twenty-seven members being present, every one voting the affair a great success.

WINIFRED AHN HART, Secretary.

**Hartford.**—ST. FRANCIS HOSPITAL, ALUMNÆ ASSOCIATION held its semi-annual meeting at the hospital on May 12, Miss N. A. Ryan, R.N., president, in the chair. Ten new members were elected to membership. Interesting papers were read; "Kindness" by Miss M. A. Ahern; "Surgical Experiences" by Miss M. G. Murphy; "Semi-Trained Nurse" by Miss S. A. McNabb. Miss R. I. Albaugh, R.N., gave a very interesting talk to the association, regarding the necessity of nurses carrying an insurance as a protection for the future.

The graduating class of 1910 was given a reception by the alumnae association. There were ten graduates.

**New Haven.**—THE CONNECTICUT TRAINING SCHOOL held graduating exercises for the class of 1910 on June 7, in the chapel. The addresses were given by Dr. Henry L. Swain, and Dr. C. R. Palmer. The diplomas were presented by Mrs. Charles B. Richards, president of the school committee. There were twenty-two graduates. A recitation and part of the music were furnished by members of the school. A reception followed in the evening.

#### NEW YORK

**New York.**—THE CO-OPERATIVE CLUB-HOUSE is to be under the management of a board consisting of thirty women—fifteen registered nurses and fifteen representative women from the National Y. W. C. A., who are broadly and earnestly in sympathy with all classes of women engaged in women's work and sufficiently interested in this organizing of a club house for nurses to offer to finance the project entirely for a period of two years.

It is intended that the New York County Society locate the central registry office in this club house, but the control of the registry shall be absolutely in the hands of the county society.

The following is the list of nurses on the co-operating committee for the central club house: Mrs. Hugh Auchincloss, Roosevelt Alumnae, Miss Bewley, Presbyterian Alumnae, Mrs. Fred J. Brockway, president Manhattan and Bronx Association, Miss Daniels, Manhattan and Bronx Association, Elizabeth Golding, New York Hospital Alumnae, Miss Kiel, St. Luke's Alumnae, Laura R. Logan, Mt. Sinai Alumnae, Frances Lurkins, Hahnemann Alumnae, Jane M. Pindell, chairman Central Registry Committee, Annie Rhodes, Bellevue Alumnae, Ada B. Stewart, chairman Executive Board New York County Association, Julia C. Stimson, New York Hospital Alumnae, Louise Swarthout, Manhattan and Bronx Association, Mrs. C. Victor Twiss, president of New York State Association, Agnes S. Ward, Metropolitan Hospital Alumnae.

THE NEW YORK COUNTY SOCIETY has recently elected Charlotte Ehrlicher as president, and E. E. Golding as vice-president. Pauline L. Dolliver, recent

superintendent of the Massachusetts General Hospital, has been chosen as registrar of the central registry, she will begin her duties on September 1. In the meantime, her assistant, Miss Pleas, a graduate of the German Hospital, of this city, will be on duty to attend to mail, give information, etc.

MARY A. SAMUEL, R.N., superintendent of nurses at Roosevelt Hospital, has resigned her position, and leaves on July 1.

ANNA L. ALLINE, R.N., has been appointed superintendent of the Homeopathic Hospital, Buffalo, N. Y.

ADA B. STEWART, graduate of New York Hospital, has resigned her position as house-mother at Grace Church, and goes to live with a niece in Bath. She will be greatly missed in the alumnae association. Margaret Ryerson has accepted the position of housekeeper at the New York Infirmary for Women and Children, and is the fifth New York Hospital graduate on the staff. Helen Maher and Miss Colchester, class of 1907, are now in Paris. The former is to have charge of a ward in the American Hospital; and the latter will again do private nursing there.

THE NEW YORK HOSPITAL ALUMNAE ASSOCIATION has issued its annual report. The officers for 1910 are: honorary president, Irene H. Sutcliffe; president, Jessie H. McVean, R.N.; vice-president, Florence M. Johnson, R.N.; recording secretary, Ada B. Stewart, R.N.; corresponding secretary, Mrs. M. L. Rogers, R.N.; treasurer, Martha M. Russel, R.N.; Trustees, Mrs. C. V. Twiss, R.N., Miss M. H. Wilson, R.N., Miss E. Lindgren, R.N., Miss Amy Elliott, R.N., Mrs. E. J. Hosking, R.N. The Association has 362 members, 28 of whom have been admitted during the past year, 2 have resigned, 7 have been dropped for non-payment of dues, and 4 have died. There have been 12 marriages. There are 90 members of the Sick Fund. The club has 165 members. The association has held 9 regular meetings, with an average attendance of 25. The board of trustees has held 10 regular and 3 special meetings. The club registry has had 1,272 calls, of which number 719 were personal. The club house has never been in a more prosperous and satisfactory condition than now, under the management of Miss Dwight and Miss Wilson. There are no debts. The *Alumnae News* has continued its course with steady improvement. It is hard to find words to tell how much it is valued by all the members.

Brooklyn.—THE KINGS COUNTY REGISTERED NURSES' ASSOCIATION closed the season with a social meeting on May 5. An interesting address was given by Miss E. B. Kurtz, superintendent of the German Hospital Training School, on the subject of "Woman's Unrest and Her Influence in the World To-day." The president of the society, Miss M. J. Parry, spoke of the merits and purposes of the society, urging more interest in the society and its membership. She said in part, "We were organized in 1903 to further the interests of the nursing profession in this county and support the state in helping to promote the organizing and the recognition of the hospital trained graduate nurse. It has become necessary to protect her, and to that end the present laws were passed. It would seem as though registration were ten years late, for others outside the profession had seen commercial value in the correspondence schools with their guaranteed diploma, after a six months' course, and we realize with consternation how they still flourish; but if we have been slow to accept our responsibility, let us now earnestly co-operate as alumnae and as individuals in the county, in all that concerns our profession." Nearly all the alumnae

societies were represented; and after the addresses, a very enjoyable hour was spent listening to music and in social converse.

**Danville.**—THE ALUMNÆ ASSOCIATION OF THE JACKSON SANATORIUM TRAINING SCHOOL FOR NURSES decided to hold an anti-tuberculosis mass meeting at the Town Hall from a share of the proceeds of the sale of nearly ten thousand Red Cross stamps at holiday time. The village newspaper, schools, and local health officers cordially co-operated. Prizes were offered in both public and parochial schools for the best essays according to grade, *on the lecture*. Posters and pamphlets were sent for distribution by the Board of Charities and Health. The large number of children competing, ensured a lively campaign of education in the homes. On the evening of the lecture, the hall was crowded, all seats taken and the nurses' hearts swelled with pride when they heard the ushers say: "Standing room only." It was a decided success, a crowded house, good music, and an instructive lecture. Dr. James H. Jackson referred to the American wing of the Red Cross, which had its birthplace in Danville and at the Hillside Home, through Miss Clara Barton, who, upon her return from the battlefields of the Franco-Prussian war, filled with the great work of the Red Cross, at once organized America's first Chapter. After listening to the various speakers, all felt a personal responsibility in this great campaign against tuberculosis and would sound the slogan: "No uncared-for tuberculosis in 1915."

**Rochester.**—THE ROCHESTER CITY HOSPITAL held graduating exercises on the evening of May 24, in the Nurses Home. There were twenty-six graduates. Addresses were given by Rev. William R. Taylor, D.D., and Dr. John F. W. Whitbeck. Diplomas were presented by Mrs. Arthur Robinson, president of the Board of Lady Managers.

MARIE T. PHELAN, graduate of the City Hospital, has joined the Visiting Nurse Association in Chicago.

PHYCIE WITMER has accepted a position in the Ottawa Hospital, Ottawa, Kansas.

THE ROCHESTER HOMOEOPATHIC HOSPITAL held graduating exercises at the East High School on June 2. There were fifteen graduates. The address was given by Rev. W. A. R. Goodwin, and the class was presented by Dr. E. J. Bissell. Diplomas were presented by Mrs. William Eastwood, president of the Training School Board. A reception and dance followed in the administration parlors of the hospital.

THE STATE HOSPITAL held graduating exercises on the evening of June 15, when ten young women and three young men were awarded diplomas. Rev. Edwin A. Rumball gave the address, Dr. E. H. Howard presented the diplomas.

#### NEW JERSEY

THE COUNTY CHAIRMEN OF THE STATE ASSOCIATION held their fourth meeting at Monmouth Memorial Hospital, Long Branch, on May 16. The address of welcome was made by Miss Collins, president of the Alumnae Association, at whose invitation the meeting was held in Long Branch. Miss Frances Dennis, state chairman, presided, and several papers were read and discussed. It is the plan of the committee to hold meetings throughout the state at two month intervals to promote and stimulate interest in nursing affairs and to secure the co-operation of nurses who are too far from central meeting places

to attend the meetings of the state association. About thirty nurses were present and considerable interest was shown.

**Paterson.**—**ST. JOSEPH'S HOSPITAL TRAINING SCHOOL** held its annual meeting in the hospital on June 3, at which time the following officers were re-elected: president, Isabel MacDonald; vice-presidents, Mrs. Stuhl, K. Pinsonnault; secretary and treasurer, Miss M. A. Dwyer, 394 Gotona Avenue; chairman of board of trustees, Mrs. H. F. Reid. Four new members were accepted. A social time followed the meeting.

**Orange.**—**THE ORANGE MEMORIAL HOSPITAL** held graduating exercises in the parlors of the training school on May 24. There were nine graduates. An excellent address was made by Dr. John Hammond Bradshaw. Dancing, music, and refreshments followed. A change has taken place in the personnel of the hospital owing to the resignation of Miss L. B. Illick. Grace Stamp, a graduate of Mt. Sinai Hospital, New York, becomes superintendent of the hospital, having served in a like position at the City Hospital, Wilmington, North Carolina. Anne MacEdwards, also a graduate of Mt. Sinai Hospital, takes the place of superintendent of nurses. Rose E. Wells, a graduate of the Orange Training School becomes night superintendent, having had considerable experience in such work, both in Newark and New York. Alice M. Bingham has been appointed head nurse in the operating room.

**THE ALUMNÆ ASSOCIATION OF THE ORANGE SCHOOL FOR NURSES** held a meeting on May 14 at the usual hour, at the home of Miss Day, a few days earlier than usual, as the meeting otherwise would have coincided with the opening meeting of the Associated Alumnae. The questions to be considered there were discussed and voted upon. Delegates chosen were Bertha Gardner and Jane Creveling. Following the business meeting, the association had the privilege of hearing Dr. Stella S. Bradford, of Montclair, speak on "Nursing of Chronic Diseases." A very pleasant social hour followed. A vote of thanks to Dr. Bradford and likewise to Miss Day for her gracious hospitality closed the meeting.

**Plainfield.**—**THE MUHLENBERG HOSPITAL** has lately benefitted under the will of Mrs. M. E. Edgerton, \$25,000 having been left to found a maternity ward, to be known as the Closson-Edgerton Ward, and \$25,000 is added to maintain it. The Anti-Tuberculosis League also receives \$5,000 from the same source.

#### PENNSYLVANIA

**THE PENNSYLVANIA STATE BOARD OF EXAMINERS FOR THE REGISTRATION OF NURSES** has granted registration to 345 additional nurses. The list appended illustrates the very general interest which is taken in this movement. Allentown, 5; Danville, 5; Erie, 12; Harrisburg, 8; Johnstown, 8; Meadville, 7; Philadelphia, 120; Pittsburg, 39; Scranton, 15; Uniontown, 5; Wilkesburg, 8; Wilkesbarre, 9; outside of Pennsylvania, 22.

**Philadelphia.**—**THE NURSES' ALUMNÆ ASSOCIATION** of the Hospital of the University of Pennsylvania at its May meeting received a motion to set aside a sum of money and appoint a committee to take up the question of providing means whereby families in moderate circumstances can receive the services of a graduate nurse and at the same time the nurse be paid her regular fee. It is the intention to call a meeting of nurses in the city and make plans for starting a fund for this purpose.



THE ANNUAL MEETING of the Association was held in the Nurses' Home on June 6. After the regular business, a reunion of the graduates was held in the grounds which were decorated with Japanese lanterns. There were about 100 present. A member of each class that had graduated read a paper telling what had become of each member, as far as could be learned. Miss Smith, the present superintendent, and Miss Giles, gave short addresses. Juliana Wood told of the starting of the training school. Regrets were read from a number who could not be present. Refreshments were served.

ST. AGNES' HOSPITAL TRAINING SCHOOL FOR NURSES held graduating exercises in the Study Hall of the Institution, May 12. There were six nurses who received diplomas. Dr. B. F. Stahl conferred the diplomas and Sister M. Borromeo, Superioress of the Hospital, presented the medals. Drs. Leon Brinkmann and D. J. McCarthy delivered addresses to the class.

SCRANTON.—THE MOSES TAYLOR HOSPITAL TRAINING SCHOOL FOR NURSES held its commencement exercises on the evening of May 5. The address was given by Mr. George A. Cullen of New York. There were nine graduates. Following the exercises, a reception and dance were given at the nurses' home.

THE MOSES TAYLOR HOSPITAL ALUMNÆ ASSOCIATION held its sixth annual meeting at the nurses' home on the afternoon of May 6. The following officers were elected for the ensuing year: president, Agnes Farrell; vice-president, Nettie M. Evans; secretary and treasurer, Amanda M. Davis.

HARRISBURG.—THE HARRISBURG HOSPITAL TRAINING SCHOOL FOR NURSES held its fifth commencement exercises on May 26 in Memorial Hall of the hospital. Clara M. Swank, the superintendent, gave a very encouraging report of the school. The address to the class was delivered by Rev. John Mills Gilbert. The diplomas were presented by Professor W. S. Steele, principal of the Harrisburg High School, and the school badges were presented by Rev. F. W. Coover, dean of the staff of physicians and surgeons of the hospital. There were eight graduates. Following the exercises a reception was given by Mrs. Henry McCormick of the Ladies' Aid of the hospital.

THE NURSES' ALUMNÆ ASSOCIATION OF THE HARRISBURG HOSPITAL held its second annual meeting on May 26 at the hospital. Officers were elected as follows: president, Almeda Morrison; vice-presidents, M. May Stoner, Josie Lewis; secretary, Frankford Lewis; treasurer, Jessie McClure. The members of this year's class were elected to membership.

WILKESBARRE.—MERCY HOSPITAL TRAINING SCHOOL held its tenth annual commencement at St. Mary's High School on May 24. The address was given by Hon. George S. Ferris. Class pins were presented by Florence McHale, president of the nurses' alumnae association. Dr. F. P. Lenahan awarded the following prizes: highest average, Anna Pearl Smith; best work in bandaging, Mildred E. Bakaitis; first, and honorable mention, Mary F. Desmond. The diplomas were conferred by Mr. E. W. Mulligan. There were fifteen graduates, their motto was, "Wisdom, Charity, Prudence."

#### DISTRICT OF COLUMBIA

WASHINGTON.—GARFIELD HOSPITAL opened the Frances Oliver Johnson Memorial Building on May 26, which was presented by Dr. Loren T. Johnson in memory of his wife. It will accommodate sixty children and cost between forty and fifty thousand dollars.

THE EPISCOPAL EYE, EAR AND THROAT HOSPITAL will be closed during July and August for repairs and improvements in the old building while hurrying on the completion of the new wing.

REBA TAYLOR, a graduate of the Homœopathic Hospital Training School, has accepted the position of superintendent of the Children's Country Home for the summer.

#### MARYLAND

Baltimore.—THE MERCY HOSPITAL TRAINING SCHOOL FOR NURSES held graduating exercises at Loyola College Hall, on the evening of May 24. There were eight graduates. A reception and dance followed the exercises.

THE ALUMNÆ REUNION OF THE TRAINING SCHOOL took place the following day, May 25. Ada M. Carr, of the Johns Hopkins, delivered a very interesting address on Florence Nightingale. Rev. Matthew J. Fortier, S. J., who was also invited, encouraged the new graduates by picturing in vivid colors the undaunted heroism exhibited by Miss Nightingale and her co-laborers, many of the members of the Order of Mercy.

THE BIEDLER AND SELLMAN HOSPITAL held graduating exercises in the hospital on May 26. There were four graduates. Hon. J. Barry Mahool, mayor of the city, presented the diplomas, pins, and medals. The latter were awarded to Gertrude Tafel of the first year class, and to M. Gregg of the second year class, for good work and efficiency in their studies. The oration to the graduates was delivered by Rev. Charles Flake.

Mt. Washington.—SISTER M. ANASTASIA QUINN, of the Order of Mercy, has been recently presented a pin by the Grand Army of the Republic, in recognition of services cheerfully rendered in the Douglas Hospital, Washington, D. C., during the Civil War. Commander-in-Chief John B. King, in his address on the occasion of the presentation, feelingly alluded to the great appreciation in which the survivors still hold the memory of those who ministered to them in their hours of distress.

#### VIRGINIA

Richmond.—THE MEMORIAL HOSPITAL graduating exercises began on Sunday, May 22, when Rev. S. C. Hatcher delivered the baccalaureate sermon. On Monday, May 23, practical demonstrations were given by the class, the amphitheatre being filled to its utmost capacity. On May 26, the commencement exercises, proper, took place in the John Marshall High School. There were ten graduates. The address was given by Hon. J. Alston Cabell. Dr. Daniel J. Coleman presented the diplomas and pins. The following day a dinner was given by Dr. Lewis C. Bosher, president of the hospital, at the Jefferson Hotel, to which the entire alumnae association was invited.

#### GEORGIA

THE GEORGIA STATE ASSOCIATION OF GRADUATE NURSES held its fourth annual meeting at the Women's Club Rooms, Atlanta, May 6 and 7. The president, Mrs. Hartridge, in her annual address urged the need of co-operation in Red Cross work, in the campaign for moral prophylaxis, and in anti-tuberculosis work. She suggested raising money for the care of nurses who had contracted tuberculosis. Interesting reports were given of the almshouse

work in the state and of work among the mountaineers. Papers were read by Dr. Westmoreland, Miss Lowe, and Miss Candlish. The Atlanta nurses entertained their guests by a theatre party, and two luncheons. The next meeting will be held in Macon in April, 1911. The officers elected were: president, Mrs. E. S. Tupman, Atlanta; vice-presidents, Mrs. Theodosia Wardell, Atlanta, Miss J. N. Candlish, Atlanta; recording secretary, Ada Finley, Atlanta; corresponding secretary, Anna Brondage, Atlanta; treasurer, Frances Patton, Atlanta.

## OHIO

**Cleveland.**—THE LAKESIDE HOSPITAL SCHOOL FOR NURSES held graduating exercises in the lecture room of the new nurses' home on May 27. Thirty-one young women received diplomas. Dr. Charles S. Scudder, of the Massachusetts General Hospital, addressed the class. A dancing party was given in the home to the graduating class the same evening, and on the following evening the graduates were entertained by the members of the alumnae association at a banquet. Nearly one hundred members were present.

THE ALUMNAE ASSOCIATION OF THE LAKESIDE HOSPITAL, SCHOOL FOR NURSES, held its annual meeting in the nurses' home on June 6. The following officers were elected: president, Grace Noble; vice-president, Mrs. O. M. Shirey; secretary, Ida M. Weis; treasurer, Mrs. Clara R. Dice.

## WISCONSIN

THE WISCONSIN ASSOCIATION OF GRADUATE NURSES, held, on the 31st of May, at Hotel Pfister, Milwaukee, a meeting which was called to order by the president. As only twenty-five members were present there was no quorum, and business was postponed. Helen W. Kelly, delegate to the Associated Alumnae read a report of the sessions which was very interesting. Three papers were read on tuberculosis, pertaining to the care of such patients in private and public institutions, as follows: State Sanitarium, Wales, Wisconsin, by L. L. Dietrichson Madison; Tubercular Annex, Milwaukee County Hospital, Wauwatosa, by Miss M. J. Kinney, Milwaukee; River Pines Sanatorium, private, Stevens Point, by Miss H. Gonderson. All of these papers were intensely interesting. It is earnestly hoped that these papers and the discussions which followed will prove instrumental in overcoming some of the fear and disinclination hitherto felt by nurses throughout the state in the care of tubercular patients. Meeting adjourned.

REGINE WHITE, Secretary.

THE DIRECTORS OF THE WISCONSIN ASSOCIATION OF GRADUATE NURSES held a meeting after the adjournment of the general meeting with the following members present: H. W. Kelly, presiding, Susie Rowan, Maud G. Thompson, Mina Newhouse, N. Elizabeth Casey, Regine White, Mabel C. Bradshaw, Anna C. Maloney. The following applicants were voted to membership: Margaret J. Weber, Milwaukee; Mary A. McGivern, Fond du Lac; Mary C. Gorman, Wausau; L. Grace Holmes, Wales. On motion, meeting adjourned.

REGINE WHITE, Secretary.

**Milwaukee.**—TRINITY HOSPITAL graduated a class of twenty nurses, May 23, who had been under the instruction of Miss N. E. Casey. Exercises were held at the Davidson Theatre in connection with the graduating class of Marquette University. Rev. Father J. A. McCabe delivered the invocation. Dr. W. B. Hill presented diplomas. Dr. W. F. C. Witte presented medals.

LAKE SIDE HOSPITAL.—Elysian Thomas graduated a class of eleven nurses, June 7, at Emmanuel Church. Rev. E. A. Cutler addressed the class. Dr. A. J. Puls presented diplomas.

#### MINNESOTA

Minneapolis.—THE ST. BARNABAS HOSPITAL ALUMNÆ ASSOCIATION held its annual meeting on June 7, when the following officers were elected: president, Minnie Patterson; vice-presidents, Kate Reid, Mrs. T. H. Weld; secretary, Mrs. C. C. Pratt. It was decided by a unanimous vote that the superintendent of St. Barnabas Hospital, Harriet S. Hartry, be made an honorary member of the association for life. The annual banquet of the association was held on June 11 at the Donaldson Tea Rooms, when the following programme was presented: Welcome to the class, Miss Patterson; response, Mabel Watson; "Greetings from Montana," Nellie O. Barsness; "The Matrimonial Side of the Profession," Mrs. Simmons.

ST. BARNABAS HOSPITAL celebrated St. Barnabas Day, June 11, by the laying of the cornerstone of the new pavilion, which will extend the present main building from Sixth to Seventh Street and will increase the capacity of the building to one hundred and fifty beds.

THE UNIVERSITY HOSPITAL TRAINING SCHOOL has as its new superintendent, Louise Powell, a graduate of St. Luke's Hospital Training School, Richmond, Va. Miss Powell has just completed a two years' course in the Hospital Economics Department of Teachers' College, New York.

#### ILLINOIS

THE ILLINOIS STATE BOARD OF EXAMINERS OF REGISTERED NURSES, will hold the fourth examination in Chicago, July 22, 1910, at 9.30 A.M. All applications must be filed with the secretary of The Illinois State Board of Examiners of Registered Nurses, 79 Dearborn St., Chicago, on or before July 1, 1910.

ANNA HANRAHAN, R.N., Secretary.

THE ILLINOIS STATE ASSOCIATION OF GRADUATE NURSES held its regular quarterly meeting in the Young Woman's Christian Association rooms, Rockford, on May 11.

The following resolutions were unanimously adopted:

*Resolved:* That the Illinois State Association of Graduate Nurses places on its records the sense of loss and sorrow felt by the members of the Association by the death of Isabel Hampton Robb.

That it records itself as fully appreciative of the great influence for betterment in the nursing profession which Mrs. Robb has exerted.

That it holds in highest honor and esteem and pride the memory of the woman who "belongs not only to America, but to the nursing world at large, which will always feel the uplifting influence of her life, reverse her teaching, and keep her memory fragrant."

That it sends to her husband and sons a copy of the above resolutions with the utmost sympathy to them for their exceeding great and sudden loss.

Signed by the Committee on Resolutions,

ADDA ELDREDGE,

BEWA HENDERSON,

M. HELENA McMILLAN, Chairman.



The following papers were given which were enjoyed by all: "Social Service Work in Connection with The Children's Memorial Hospital," Miss Kreer; "Problems of a Private Duty Nurse," Miss Curry; "Why We Need Tubercular Nurses," Edna L. Foley; "Connecting Links," Isabel McIsaac.

MARGARET P. LITTLE, R.N., Secretary.

**Chicago.**—THE ILLINOIS TRAINING SCHOOL FOR NURSES held graduating exercises in the amphitheatre of the Cook County Hospital on May 31. Addressees were given by Mrs. Bradford Hancock, Mr. William Hartray, Miss Sophonisba Breckenridge, and Dr. Henry Sherry of Pasadena. The diplomas were presented by Dr. Julia Holmes Smith. The twenty-two graduates sang the school hymn, "Arm These Thy Soldiers, Mighty Lord," and the closing remarks and benediction were given by Rev. Thomas T. Cox. An informal reception followed at the nurses' home. The scholarships and prizes were awarded as follows: First year scholarships, Pansy Smithson, Leona Horn; second year scholarships, Nettie Fitch, Mrs. Lena Miller; third year, Augusta Hinze, Harriet Heibner; Koch-DeLee prizes for the six best essays on a topic in obstetrics, Misses Koppel, Hoffman, Burgess, Koch, Havey, Hinze.

LAURA WILHELMSON will take up social work in connection with the Girls' Industrial School at Park Ridge. Edith Muhs has resigned her position as superintendent of nurses at Hahnemann Hospital.

MERCY HOSPITAL SCHOOL FOR NURSES AND WESLEY HOSPITAL TRAINING SCHOOL are both parts of the medical department of Northwestern University, and the members of the graduating classes received their diplomas with the graduates from other departments in the University Gymnasium at Evanston on June 8. The commencement speakers were Glenn Newton Merry, Ira Edward Westbrook, Blaine Kirkpatrick, and Harry McClure Johnson.

MERCY HOSPITAL ALUMNÆ ASSOCIATION has elected the following officers for 1910-11: president, Sister Mary Anthony, R.N.; vice-presidents, Mary T. Carey, R.N., Mrs. Harry Fulford, R.N.; recording secretary, Catherine Ward, R.N.; corresponding secretary, Leona Moore, R.N.; treasurer, Sister Mary Leonarda, R.N.

TERESA FOLK, class of 1910, the Mercy Hospital, has been appointed superintendent of the Arkansas City Hospital, Arkansas City, Kansas. Anna Cleary has accepted the position of assistant anesthetist. Maud McGinnis, Jessica Bishop and Catherine Garside are doing private duty work in Spokane, Wash. Evelyn Armstrong, class of 1910, has gone to Europe to remain a year. Winifred McHugh, class of 1907, has accepted the position of superintendent of nurses in St. Joseph's Hospital, Devil's Lake, North Dakota.

THE HAHNEMANN HOSPITAL TRAINING SCHOOL held graduating exercises on May 5 for a class of fifteen. A reception followed in the nurses' home. On May 6, a banquet was held in honor of the class at the LaSalle Hotel, forty being present. Cora Overholt, R.N., is again principal of the training school; Nellie M. Christy, assistant; and Alice Tapping, night supervisor.

THE HAHNEMANN HOSPITAL ALUMNÆ ASSOCIATION has made a very satisfactory beginning on a library for the nurses. Thanks are due many doctors for donations of both money and books. Mrs. Shears sent twenty-two volumes from Dr. Shears' library. Many of the graduates of the school are removing to the west. Mary Campbell, 1903, and Catherine Campbell, are at Great Falls, Montana; Bernice Juday, 1907, at Jerome, Idaho; Mary Woods, 1907,

South Dakota; Emily McCleary has returned to Los Angeles, where Edith Tondro, 1906, will also reside. Amelia Munner, who recently resigned as chief nurse at the Home for the Friendless, is engaged in private duty at Cheyenne, Wyoming. Nellie Knapp, 1898, after years of service as chief nurse at the Watertown State Hospital, has accepted a similar position at Stockton, California. Clare Baker, 1906, has charge at Watertown, with Minnie Resor, 1906, as night-supervisor. Fanny Kuhlig and Winifred Bray, 1908, have hospital positions in New York City. Miss E. A. Welch, 1903, is doing private work at Bandette, Minnesota.

AUGUSTANA HOSPITAL held graduating exercises for a class of twelve nurses on May 26 at the Ebenezer Lutheran Church.

Peoria.—THE JOHN C. PROCTOR HOSPITAL TRAINING SCHOOL FOR NURSES held graduating exercises on the evening of May 27 at the First Congregational Church. The address was given by Rev. W. H. Geistweit. Dr. R. A. Kerr presented the diplomas. An informal reception followed. There were ten graduates.

Quincy.—MARY C. WHEELER has resigned her position as superintendent of Blessing Hospital, a position she has held for several years, and will rest before entering nursing work again.

#### INDIANA

THE MARION COUNTY NURSES' ASSOCIATION held its annual picnic at Riverside Park on June 11, having a most enjoyable time.

#### KANSAS

Wichita.—WICHITA HOSPITAL TRAINING SCHOOL held its eleventh annual commencement exercises on the evening of May 6, at the Trinity Methodist Episcopal Church, West Wichita. There were nine graduates. After the exercises, a reception was given at the hospital for the graduates and their friends.

THE GRADUATE NURSES' ASSOCIATION of Wichita was organized, on May 26, by graduate nurses of the city who met at Wichita Hospital for the purpose. The object of the association will be to help procure state registration for nurses, to elevate and maintain the standard of nursing, to promote good fellowship among the nurses, and to extend aid and sympathy to those in trouble. The association will meet on the second Tuesday of each month. The officers are: president, Mrs. Alma O'Keefe; vice-presidents, Margaret Davidson, Nellie Pyle; secretary, Josephine Winters; treasurer, Amy Smith.

#### NEBRASKA

Lincoln.—ANNA E. HARDWICK, R.N., superintendent of nurses of the Orthopaedic Hospital, having resigned her position to be married, is succeeded by Miss Bixby who has been her assistant. The marriage announcement will be found in another column, there accompanied it the following heart-felt and unusual tribute from the Nebraska nurses.

"Miss Hardwick is a graduate of the New York City Hospital and has been, for the past five years, superintendent of the Nebraska Orthopaedic Hos-

pital and Training School in this city. Having held this position during and since the organization of the school, and having successfully solved the many difficult problems confronting the organizer of a state institution, she has endeared herself not only to the three hundred and fifty crippled children whom she has mothered, to the nurses who so loyally responded to her excellent training and discipline, to the medical staff whom she served, but to the entire community whose members came to look upon her as a philanthropist. Many who have watched her giving freely of her love to the children have felt the radiation of human kindness and have had a wider view of the inspiration afforded by one who makes work a joy. Miss Hardwick has been the leader in work for state registration, the secretary of the Nurses' Examining Board, and an active and helpful member of the State Association. In recognition of her untiring zeal and her efforts to raise the standards of nursing throughout the state, the State Association has made her a life member."

#### MISSOURI

THE MISSOURI STATE BOARD FOR REGISTRATION OF NURSES met at St. Louis on June 29.

**St. Louis.**—THE WASHINGTON UNIVERSITY HOSPITAL held its annual commencement on June 2, in the Parish House of the Church of the Holy Communion. The address was given by Dr. Meyer Wiener. Chancellor David Franklin Houston presented the diplomas; and Dean William H. Warren, the badges. There were six graduates. A reception followed at the nurses' home.

JOSEPHINE HOSPITAL presented diplomas to its first class of nurses on the evening of May 23 at the residence of Dr. F. J. Lutz. Dr. Lutz addressed the nurses, three of whom graduated, and a reception followed.

**Kansas City.**—THE KANSAS CITY GRADUATE NURSES' ASSOCIATION held its regular meeting in the Y. M. C. A. Building on June 1. After the transaction of routine business it was voted to suspend meetings during July and August. On June 2, the Association entertained the graduating classes of 1910 at a picnic in Swope Park. Between fifty and sixty of the recent graduates were guests. The day was an ideal one, and at five o'clock 150 nurses, members and guests, sat down to supper together. This is the fourth year that the association has entertained the graduates and it has been found an excellent means of establishing a feeling of good fellowship between the old and young graduates and of securing the interest of the young nurse in the work of both the local and state associations.

**Hannibal.**—LEVERING HOSPITAL has completed six years of work. It accepts all cases except contagious and violent ones, is pleasantly located, and maintains a training school for nurses, giving a two years' course. Maude Landis is the superintendent.

#### COLORADO

**Pueblo.**—THE MINNEQUA HOSPITAL TRAINING SCHOOL held commencement exercises on the afternoon of May 24, at Casa Vivienda Minnequa Hospital. The address was given by Rev. Allen A. Tanner. Dr. R. W. Corwin presented the diplomas and badges. A dance followed in the evening. There were nine graduates.

## TEXAS

THE GRADUATE NURSES' ASSOCIATION OF TEXAS held its fourth annual meeting in Eaton Chapel, Galveston, on May 4 and 5. Addresses were made by the Mayor of Galveston, Judge Lewis Fisher, and by Dr. William Keilly. The following papers were read: "Special Nurses in the Hospital," Miss M. M. Taylor, R.N., San Antonio; "The Benefits of Registration," Miss M. Moore, Rhett Johnson, Jennie Perkins, Houston; "What Registration is Doing for the State of Texas," May Smith, Dallas; "The Non-Graduate Nurse," Miss Van Hise, Ft. Worth; "A Nurse's Duty to Her Association Without Partiality," Miss A. Z. Walker, R.N., El Paso; "What the Graduate Nurse Has Done for Texas," Miss M. Rutledge, R.N., Dallas; "Public Hygiene," Grace Engblad, R.N., Galveston; "The Value to Nurses of Practical Demonstrations During Training," Edna Pifer, R.N., Galveston.

A committee composed of Maud Müller, San Antonio, Miss Wilson, Houston, Miss Clay, Galveston, Mrs. Beatty, Fort Worth, and Miss Marr, Dallas, was appointed to draw up an amendment to the bill for registration and present it to the next legislature. Miss C. L. Shackford, superintendent of the John Sealy Hospital, Galveston, was appointed delegate to the Associated Alumnae.

One afternoon was occupied with a boat ride and supper, and another by a reception given by the Ladies' Advisory Board of John Sealy Hospital. The following officers were elected: president, Rhett Johnston, Houston; vice-presidents, Miss Clay, Galveston, Miss Watson, Fort Worth, Miss Carlton, Temple; secretary-treasurer, A. Louise Dietrich, El Paso; members of the council, Misses Johnston, Clay, Dietrich, Müller, and Moore. El Paso was chosen as the next meeting place, the date to be decided upon later.

A. LOUISE DIETRICH, R.N., Secretary-treasurer.

EL PASO.—THE GRADUATE NURSES' ASSOCIATION OF EL PASO COUNTY held its annual meeting on May 10. A paper on "A Nurse's Ideal," was read and discussed. The following officers were elected: president, A. Louise Dietrich, R.N.; vice-president, Minnie Kerskie; secretary, Margaret Rolston; treasurer, Lelia McPherson.

ST. MARK'S HOSPITAL has been opened to the public as a general hospital for women and children. Ellen Louise Brient, R.N., of San Antonio, has accepted a position in St. Mark's Hospital.

## WASHINGTON

SEATTLE.—THE KING COUNTY ASSOCIATION OF GRADUATE NURSES held its regular meeting at the Assembly Hall, Henry Building, on June 6, with 40 members and two visitors present. The meeting was called to order by the vice-president, Mrs. Farrall, at 3.15 p.m.

Minutes on the previous meeting read and approved. Report of the Executive Committee for months of April and May, and the report of the Registry for month of May read and ordered placed on file. A verbal report of the Seattle Federation of Women's Clubs was given by Mrs. Hickey. Report of the Committee on Constitution and By-Laws, read by the chairman, Miss M. Durkin, was generally discussed, and in accordance with the present by-laws, was laid on the table for one month and will be taken up for final consideration at the regular meeting in July. Seven delegates, with alternates, to the Seattle



Federation of Women's Clubs were appointed for the coming year. Mr. E. M. Kennard, with the Metropolitan Building Co., extended an invitation to the members to a tea to be held in the Cobb Building, June 22, from 3 to 6 p.m., and also to make a tour of the Building under his personal supervision, immediately upon adjournment. A standing vote of thanks was extended to Mr. Kennard for his kindness, and also to Mr. H. Harrington for the floral decorations. After adjournment, the members, guided by Mr. Kennard, made a tour of inspection of the Cobb Building, which has recently been completed for the exclusive use of the medical and dental professions.

**Tacoma.**—PIERCE COUNTY GRADUATE NURSE ASSOCIATION held the regular monthly meeting on June 6, in the Nurses' Home of the F. C. Paddock Hospital. There were twelve members present. Minutes of last meeting read and after slight correction, approved. The treasurer's report was read, and also the report from the standing committee. It was decided to hold a picnic in Pt. Defiance Park in July, in place of the regular monthly meeting, having as guests on that day, the graduating classes from the F. C. Paddock and St. Joseph's Hospitals. The committee on arrangements as follows: Misses Mulroy, Goff, Weller, Juergens, and Brown. An instructive talk on the venereal diseases, was given by Dr. Drake, one of the city's talented woman physicians. One application for membership was received. Miss Burke was appointed to take the place of Miss Shields (resigned), on the Board of Censors. The question should nurses charge the usual rates when nursing in the family of a physician? was answered as follows: the majority thought best to make no reduction, unless the doctor happened to be the one employed by the nurse when she was ill. After adjournment refreshments were served by Miss Weller of the Northern Pacific Hospital.

#### CALIFORNIA

**Oakland.**—GENEVIEVE COOKE has returned from a prolonged absence in the east quite restored in health.

#### CANADA

**Toronto.**—CANADA is taking steps toward forming an army nursing reserve. This work is being promoted by Earl Gray, who had expected to be present to inaugurate it, but was prevented from coming to Canada by the death of King Edward. A committee has been formed to establish the service, Miss Snively being a member, and five of the graduates of the Toronto General Hospital are now under canvas at Fort Niagara.

LINA L. ROGERS, R.N., a graduate of the Hospital for Sick Children, has been chosen to take charge of the system of school nursing which is to be started in this city in the fall. Miss Rogers was for seven years in charge of the system of school nursing in New York City, and has recently established the work in Pueblo, Colorado. She is considered an authority on the subject, and Mr. J. Ross Robertson felt so strongly the importance of having her at the head of the work in Toronto that he has offered to assume the support of Miss Rogers and one assistant for a year, if the funds appropriated are not sufficient.

MARY A. SNIVELY, who resigned her position at the Toronto General Hospital some months ago, has stayed at her post for some time, at the request of the Board, to facilitate the readjustment. She is leaving on July 1 for the Canadian northwest and will be the guest of two of her nurses.

## BIRTHS

A DAUGHTER to Mr. and Mrs. Christ Dixon. Mrs. Dixon was Jemima Hull, class of 1905, Indianapolis City Hospital Training School.

ON May 31, at Cleveland, a son to Dr. and Mrs. John Brett. Mrs. Brett was Jeanette Baker, class 1905, Lakeside Hospital Training School.

AT Maryville, Mo., a daughter to Dr. and Mrs. C. V. Martin. Mrs. Martin was Margaret Forrest, class of 1902, Hahnemann Hospital, Chicago.

AT La Grange, Ill., a daughter to Mr. and Mrs. Christopher. Mrs. Christopher was Daisy Racine, graduate of Hahnemann Hospital, Chicago.

AT Quinton, Indian Territory, a son to Mr. and Mrs. G. A. Curry. Mrs. Curry was Lulu Rayner, class of 1904, Hahnemann Hospital, Chicago.

ON April 12, at Calgary, Alberta, a son to Mr. and Mrs. Tom Martin. Mrs. Martin was Miss Weatherhead, class of 1906, New York Hospital.

ON May 4, at Cleveland, Ohio, a daughter to Mr. and Mrs. George Bouscay. Mrs. Bouscay was Anna Schoner, class 1901, Lakeside Hospital Training School.

ON May 19, at Dayton, Ohio, a daughter to Dr. and Mrs. P. K. Kilbourne. Mrs. Kilbourne was Ethel Crouse, class of 1907, Lakeside Hospital Training School.

## MARRIAGES

ON June 6, in Indianapolis, Ind., Cora Williams, class of 1901, Indianapolis City Hospital, to David Sherrick.

JEAN ALDIS, class of 1906, Illinois Training School, to William Pattison, Rose Lawn Dairy Farm, Winamac, Indiana.

KATHERINE DAVIS, graduate of the Illinois Training School, to Chester Moe, M.D. Dr. and Mrs. Moe will live in Chicago.

AT Chicago, Caroline Shaw, graduate of Mercy Hospital, Chicago, to Charles Johnson, M.D. Dr. and Mrs. Johnson will live in Chicago.

MRS. EVA BURNS, class of 1907, Hahnemann Hospital, Chicago, to Mr. Goodwin. Mr. and Mrs. Goodwin will live in Gary, Indiana.

MRS. HATTIE DAVIS, class of 1907, Hahnemann Hospital, Chicago, to Harry Wright, M.D. Dr. and Mrs. Wright will live in DeKalb, Ill.

ANNA NOPSKEK, class of 1907, Methodist Episcopal Hospital, Philadelphia, to Harry Kurtz. Mr. and Mrs. Kurtz will live in Huntington.

AT Dubuque, Iowa, Ruby Neary, class of 1909, Mercy Hospital, Chicago, to Marshall Waller. Mr. and Mrs. Waller will live at Charles City, Iowa.

ON May 12, Mary E. Luony, class of 1908, University of Michigan Hospital, to W. C. Bennett. Mr. and Mrs. Bennett will live in Fraser, Colorado.

ON June 1, Alta Briggs, graduate of Green Gables Sanitarium, Lincoln, Nebraska, to Harry Brown, M.D. Dr. and Mrs. Brown will live in Daykin, Nebraska.

FANNIE J. ADAMS, class of 1895, Methodist Episcopal Hospital, Philadelphia, to Mr. Woods. Mr. and Mrs. Woods will live at 7127 Greenway Avenue, Philadelphia.

ON March 11, Edna Mann, class of 1906, Pennsylvania Hospital, to George Jenkins. Mr. and Mrs. Jenkins will live at 64 North Dewey Street, West Philadelphia, Pa.

ON June 2, Bertha Seibert, class of 1904, Illinois Training School, to Frank Webster Perry. Mr. and Mrs. Perry will live at 503 Marion Street, Elkhart, Indiana.

ON April 25, at Daytona, Florida, Winifred Trafton, class of 1902, Lakeside Hospital Training School, to Henry B. Sperry. Mr. and Mrs. Sperry will live in Talmage, Ohio.

ELIZABETH HUFMAN, class of 1900, Methodist Episcopal Hospital, Philadelphia, to Mr. Bernard. Mr. and Mrs. Bernard will live at 1414 Market Street, Ashland, Pa.

ON June 2, Gertrude M. Cross, class of 1904, Illinois Training School, to W. Thomas Trewyn, M.D. Dr. and Mrs. Trewyn will live at 2521 South Adams Street, Peoria, Ill.

ON June 1, at Wichita, Kansas, Dixie Ann Cogdell, class of 1909, Mercy Hospital, Chicago, to Lester Ashman Hutchins. Mr. and Mrs. Hutchins will live in Englewood, California.

LOLLA DEAKYNE, class of 1900, Methodist Episcopal Hospital, Philadelphia, to Odin R. Edwards. Mr. and Mrs. Edwards will live at 6113 Morris Street, Germantown, Philadelphia, Pa.

ON March 28, in Piqua, O., Rose L'Amoureux, class of 1903, St. Vincent's Hospital, Indianapolis, to William Esarey. Mr. and Mrs. Esarey will live at 2314 College Avenue, Indianapolis.

ON April 25, at Omaha, Nebraska, Burnadetta O'Donnel, class of 1903, Lakeside Hospital Training School, to Charles E. Cuykendall. Mr. and Mrs. Cuykendall will live in Fremont, Nebraska.

ON June 7, at Ottawa, Canada, Frances Mildred Shore, R.N., class of 1905, Post Graduate Hospital, New York, to Harold Scott Loughran. Mr. and Mrs. Loughran will live in New Rochelle, N. Y.

ON April 6, at Toledo, Ohio, in the Church of the Immaculate Conception, Mary Stack, class of 1906, St. Vincent's Hospital Training School, to Henry C. Dailey. Mr. and Mrs. Dailey will live in Chicago.

ON June 15, at Mercersburg, Pa., Kathreen Irvine, class of 1905, Hospital of the University of Pennsylvania, to Charles Nerthmore Sturtevant. Dr. and Mrs. Sturtevant will live at 4321 Frankford Avenue, Philadelphia.

ON June 2, Elizabeth Gilmore, class of 1895, Hospital of the University of Pennsylvania, to Augustus T. Pollard, M.D. Dr. and Mrs. Pollard will live at 230 South Fifteenth Street, Philadelphia, after January 1, 1911.

ON May 14, at Seattle, Bertha Frances Harris, graduate of the Illinois Training School, to Charles R. McCreery, M.D. Dr. and Mrs. McCreery will live at The Bonnevillie, Tacoma, Wash. Mrs. McCreery has been a member of the King County Association of Seattle.

ON May 28, in the superintendent's apartment of the Orthopaedic Hospital, Lincoln, Nebraska, in the presence of the nurses of the school, the medical staff, and a few friends, Anna E. Hardwick, R.N., superintendent of nurses, to William Dodge. An informal reception was held in the hospital in the afternoon following the ceremony. Mr. and Mrs. Dodge will live in Westfield, Mass.

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**DEATHS**

In April, at Arlington, Iowa, of typhoid fever, Charlotte Howard, class of 1904, Hahnemann Hospital, Chicago.

On May 19, at Ptokeey, Michigan, after a short illness, Mrs. G. W. McCabe, formerly Georgie McKinley, class of 1902, Mercy Hospital, Chicago. A husband and three small children mourn her loss.

On May 22, at the Seattle General Hospital, Rose E. Lewis, a nurse in training, after an illness of two weeks. Services were held at the Nurses' Home, and burial was at the home of her parents, Cle Elum.

On April 14, in Philadelphia, of pneumonia, Emily Frances Stennett, graduate of the Brooklyn Hospital, directress of nurses at the Hospital of the Good Shepherd, Syracuse, for a number of years, and late superintendent of the Sheltering Arms, Philadelphia.

On April 13, at Cartwright, North Dakota, after an attack of appendicitis lasting thirteen days, Catherine Winter, class of 1906, Grace Hospital, Detroit. The burial was at her home, Wallaceburg, Ontario.

Two years ago Miss Winter took up a homestead on the frontier and with her knowledge and warm hearted sympathy made herself almost invaluable in the new country. The women of that region on Arbor Day planted trees on her homestead, one for each new life she had helped into the world, to serve as a memorial to her who will be sorely missed among them.

On May 27, at her home, Oak Point, New Brunswick, Canada, Lucy Vail Pickett, class of 1882, Massachusetts General Hospital Training School for Nurses, and for ten years superintendent of the Newport Hospital, Newport, Rhode Island.

Miss Pickett passed away, after only three hours' illness, of hemorrhage of the brain. She had just taken up the duties of diocesan nurse, to serve without compensation in the families of the clergy. She had established this work as a memorial to her father, who was a clergyman and died a year ago. She was greatly beloved in her home parish and the concourse at her funeral was a touching manifestation of the regard in which she was held.

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PROCEEDINGS OF THE  
THIRTEENTH ANNUAL CONVENTION  
OF THE  
Nurses' Associated Alumnæ  
of the United States

HELD AT  
MENDELSSOHN HALL  
NEW YORK CITY

May 19th and 20th, 1910

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|   |     |
|---|-----|
| Number of Alumne Associations associated.....                               | 141 |
| Number of State Associations affiliated.....                                | 31  |
| Number of County Associations affiliated.....                               | 13  |
| Number of City Associations affiliated.....                                 | 8   |
| Total.....  | 193 |
| Alumne Associations represented by delegates.....                           | 96  |
| State Associations represented by delegates.....                            | 28  |
| County Associations represented by delegates.....                           | 9   |
| City Associations represented by delegates.....                             | 6   |
| Total number of delegates in attendance.....                                | 214 |
| Number of graduate nurses registering as visitors (aside from delegates) .. | 206 |

# THE PROCEEDINGS OF THE THIRTEENTH ANNUAL CONVENTION

NEW YORK, N. Y., MAY 19 AND 20, 1910

*Thursday, May 19, 1910*

## MORNING SESSION

THE meeting was called to order at 9.55 A.M. in Mendelssohn Hall, by the president, Miss Delano, who called upon the Reverend Henry Sloan Coffin, D.D., of the Madison Avenue Presbyterian Church, to pronounce the invocation.

The president then introduced the superintendent of Mount Sinai Hospital, Dr. Sigismund S. Goldwater, who welcomed to New York City the nurses who had come to the convention.

## ADDRESS OF WELCOME

No words of mine can add to the warmth of the feeling or the sincerity of the sentiment with which New York welcomes your organization as a temporary addition to the life of the city. Your mission is not only to advance the interests of your members; it is also to promote the efficiency of a profession whose activities tend to lighten some of the heaviest burdens which men are called upon to bear. Whatever you gain in knowledge and power, whatever improvement you introduce in the method of your work, brings new benefits to all. New York will follow with cordial sympathy the labors of this convention, standing ready to support, with a feeling of common interest, whatever part of your plans may need the helping-hand of a great community.

Our city is one of great power, of splendid resources, of notable achievement in all the arts and graces of civilization; but it is equally a place of weighty and unsolved problems; of massed poverty, disease, and degradation; of arduous, and not always successful effort for social betterment. In its effort to apply the knowledge which the medical sciences have made available, in its struggles to relieve the sick, to promote hygiene, to spread the gospel of social responsibility and social reform, it is largely dependent upon the character, the intelligence, and the training of nurses. Physicians, philanthropists, and the public

generally, cannot fail to be conscious of this dependence, and with this consciousness there is necessarily associated a sense of gratitude for the services already rendered.

The era upon which we are entering is often spoken of as the age of preventive medicine. It will be most creditable to the present generation if historians, in the retrospect, accept the term as one properly applicable to the period. It is certain, at any rate, that much of the wisdom, the wealth, the energy, and the good-will of the present and of the rising generation, will seek an outlet in the field of hygiene. What does this signify to the medical profession and to nurses? To my mind it signifies the gradual shifting to your shoulders of much of the responsibility for dealing with disease which now rests upon the medical profession.

For the work of research in the medical sciences for the purposes of clinical diagnosis, of experimental and practical therapeutics for the discovery of the principles of preventive medicine, there are needed the arduous scientific training, the advanced and specialized thought and knowledge of the physician; but the principles of preventive medicine, once established, are relatively simple in their application. As the task of the hour becomes less that of abstruse thought and difficult investigation, and more that of practical hygienic effort, the relative need of the physician decreases, while the need and the value of such services as nurses may be trained to render, increase. This tendency finds its practical expression in the extension of the nurse's occupation from the bedside of the sick to a wider region beyond,—to the admitting office and the discharging office of the hospital, to the dispensary, the day-camp, the tenement home, to the school, the factory, the milk station, and the social settlement. There follows, of necessity, a recognition of the fact that for this newer work the hospital school of nursing affords no adequate training. Additional means of instruction are required, in furnishing which it is the happy privilege of New York to take the lead.

There are two things in connection with the movement for the extension of the nursing field which it is worth while to keep in mind. The first is, that all nurses are not temperamentally or intellectually adapted for all or for any part of the new work that cries out for attention. There is no cause for regret in this, because the older function of ministering to the sick at the bedside cannot and should not be abandoned. Its old value remains; it has lost none of the attractiveness which it has always had for a certain type of woman, whose devotion to the ideal of personal service imparts a spiritual



grace to whatever she undertakes in this kind. And as an honorable means of livelihood, nursing, in the sense in which the world generally understands it, continues to attract many who bring to it that sense of duty which alone can give stability to the institutions upon which civilization rests. I am sure that what I say voices the sentiment of your own leaders, for the program of this convention deals largely with matters of nursing in the old-fashioned sense,—with those forms of effort which have won for your profession the love and respect of everybody, and which make New York feel honored in receiving you to-day.

The second thought that I wish to suggest is, that while the nurse who enters enthusiastically upon one or another form of the newer varieties of social service is more than likely to add to the total of human happiness, she, more than those who are committed to the simple and less conspicuous forms of endeavor, needs to be on her guard against the faults of personal pride, of hasty and censorious judgment, and of unwarranted belief in the easy accomplishment of genuine and lasting social reforms.

It requires no great gift of courage to enter upon the battle for social reform when our generous impulses are aroused, when friends applaud, when hope so pervades the air that the adoption of a program of reform seems equivalent to its successful accomplishment. At such a moment no other occupation seems as noble, no mere domestic obligation as worthy, no homelier effort as brave. Now, while I firmly believe that the work of nurses in the field of preventive medicine is destined to accomplish, directly and indirectly, as much as any other single force in correcting those evils in our social organization for the removal of which we are in honor bound to strive, I do not believe that every woman who undertakes to do district nursing, or any similar form of work, is thereby transformed at once into a true philosopher, a gifted prophet, or a safe guide for mankind; nor do I believe that those who are simply carried away by the novelty of the situation, and who are not at all moved by a deep-rooted desire to do God's work in the world, will be rewarded by seeing their efforts crowned with success. It will take many years, perhaps many generations, to achieve what some of the reformers of the day so light-heartedly promise under such mottoes as "No Poverty, No Preventable Disease, No Crime in 1920." The world is not to be made over as easily as all that, and disillusionment and disappointment are in store for those who believe that we have only to look into the sky to see the angel of our physical and moral salvation approaching. And yet, while other occupations may be as

good, I am sure that there is none better, none worthier of emulation and support, than that of the woman who, with humble and patient faith in the power of human effort, dedicates her life to the battle against disease, and determines to stand, to the end of the chapter, for the right of the children of the poor to live, to grow into healthy manhood and womanhood, and to share in the sweetness and light of the world. There are those among you who have entered upon this struggle for the uplifting of the race, and to you, especially, New York turns in hope, in trust, in grateful appreciation.

### RESPONSE

MISS McISAAC.—As one of the charter members of this society I was asked to respond to the hospitable welcome given by Dr. Goldwater to the nurses to New York, which is a great pleasure and privilege. I am sure we all feel that to come to New York is in itself a pleasure, a delight, and an education; when coupled with all that, the hospitality, the affection, and the devotion of the nurses, and every one interested in nursing, makes possible such a splendid meeting as we had last night (the Nightingale Commemoration), I am sure it is a red letter day in the lives of every individual, as well as a milestone that marks a very important historical epoch of the world.

It is not only the city of New York that appeals to us and ties up and binds our heart-strings, but it is because the founders of our association came from here. A great many of our laborers, the first women who worked for us, who made it possible for us to meet together under such conditions as these, were New York women; and it was here that the preliminary work was done to organize this society. It was here that the first meetings were held. Consequently we have a very warm spot in our hearts for New York.

This is our first gathering since Mrs. Robb's tragic death, and we cannot help realizing our irreparable loss. New York is one of the first places in the country to give a fitting tribute to one who did so much for us. We are very glad and very happy to be here and hope to behave so well that they will ask us to come again.

THE PRESIDENT.—It is only by the merest chance that Miss McIsaac is not sitting in my place. We hoped last year that she would be our president this year, and I have a little grudge against the Chicago schools, which demanded so much of Miss McIsaac's time for writing a text-book on hygiene that she deserted us. So it seemed most fitting that she should respond to this cordial address of welcome.

Roll-call, by the secretary.

**THE PRESIDENT.**—The roll-call of this association always seems to me a most impressive affair. We never quite realize our size nor how far-reaching are our affiliations until we come here and hear this splendid roll.

There is always a little sadness in the roll-call when there are some absent. Absent to-day is Miss Annie Damer, who was for six years president of this association; also Miss Palmer, the editor of the *AMERICAN JOURNAL OF NURSING*, who is known from one end of the country to the other in connection with that work,—both detained on account of illness. I think it would be a most gracious thing for this society later to send our wishes for a speedy recovery of those two women.

The sudden death of one of our members has cast a gloom over all the proceedings of this week; and it seems fitting at the beginning of our own convention that we should pay tribute to Mrs. Isabel Hampton Robb. Her work as a superintendent, as you have been told in the meetings of the two days previous, was in the Illinois Training School for Nurses and the Johns Hopkins School for Nurses. We have asked Miss Bean, of the Johns Hopkins School, to say a few words in regard to the work of Mrs. Isabel Hampton Robb in Baltimore.

**MISS BEAN.**—It is a great privilege to say anything about Mrs. Robb. I wish I could say something adequate, but it is not possible. Mrs. Robb was a great woman. She was one of the greatest we shall ever know as a nurse. She was a nurse, and she said, "once a nurse always a nurse." She was eminently endowed as a nurse, she was eminently endowed as a woman, and she did whatever she was called upon to do to the very fullest. She had a remarkable enthusiasm, she had a remarkable intuition, and a wonderful grasp of not only what was before her, but what might be coming. And I think we must remember that about her, her beautiful, wonderful enthusiasm and the way she knew what we should need. Mrs. Robb knew we should grow. I think we know we shall grow. She had the spirit that will animate us and will help us and she knew in her work that the nurse needed to be educated. The first paper she read, I understand, was on the "Standards of Education." She knew that we could not practically apply what we did not remember and know, and that she always maintained.

You know where her work lay; you have been told; that is, where her earlier work lay, before she took up other duties in the Illinois Training School for Nurses and the Johns Hopkins School for Nurses. But her work after she left that and a few years after her marriage became known to all the nurses in America and all nurses everywhere, and whatever she did she came back to nursing, and it was her great pride and great pleasure.

This Association grew out of the Superintendents' Society and of a paper that was read by Mrs. Robb. She was always interested. She

knew about what was being done and she advised when the nurses met together to organize. Mrs. Robb was made the first president and held the office for the first five years, so she must have had a great deal to do with our organization and with the first principles that were applied and with the scope of the work, and she wanted to draw all the nurses of the country closer together, unite us in one common aim, a high aim; an aim that would make us always grow as the work grew, as the needs grew in the country that would insist upon a very high standard of education, that would put nurses before the public in the place nurses deserved to have, that would make the medical profession see what the nurse might do, that would help the public to see what the nurse might do and how much the public needs the nurse, the nurse of the right kind only; that is, not the nurse who is doing the work for her own sake; although when one does work for her own sake, in the best sense of the term, one does it for one's ideals, that is the efficient work for the public; but we must also do it in a spirit of disinterested helpfulness.

We deal with sick people, or the profession of illness; and those are very grave problems and we should only meet them with the highest, finest, noblest spirit. Mrs. Robb had that and she had a very deep interest in the work. We must have that. It is too serious to do it without that joy that comes from any work that is well done and into which we put our hearts, our minds, and all our talents, and all ourselves. I know Mrs. Robb would appreciate all that have come out to honor the memory of her name. We should all feel what we have lost. We have lost the charming presence, the beautiful personality of Mrs. Robb, but we have not lost her spirit and we have not lost the ideals, the visions, and the ability to do the work that gave her so much pleasure and that she has left us to-day.

The president asked some one to speak of Mrs. Robb's work in the Illinois Training School.

MISS McMILLAN.—I am a graduate of the Illinois Training School, and so I feel that I can respond though in a very inadequate way. We certainly cannot allow our school to be unrepresented. The Illinois Training School grieves the loss of Mrs. Robb. It feels honored by the connection of Mrs. Robb with the school, and it hopes that it is carrying out the principles of her teaching. I ask Miss Nutting to pay a tribute to Mrs. Robb's memory in the cause of the middle west, where we always honored her name.

MISS NUTTING.—The question is asked me just now and not one moment to think on it, but after all it ought not to take one moment's thought, especially from one who lived for twenty years closely beside



her, knew her plans and knew her ideals and in spirit was with her in all she undertook to carry out.

I remember well when she came back from Chicago, from the place there where the Superintendents' Society was formed, and with what delight she told of the women, twenty-five or thirty, who gathered together to form their first nurses' society in this country. I know well what they thought would be the outcome of that society. I know how she followed the association year after year, and I have always been deeply grieved that she did not become the first president of that society. However, she was one of the first members of the council. She was present at all its conferences. She attended every meeting she could get to, and she knew fully the need of a strong body of teachers and directors. She grieved when our society did not fully fulfil its mission and develop its possibilities, and she was glad when it seemed to be growing stronger and doing better and better work. I think she would approve, were she here now, of the work we are trying to do in the Associated Alumnae, that was always from the very beginning a part of the plan.

And I should pay tribute also to one who was working with Mrs. Robb even closer than I, and that was Miss Dock, whom we all know and love. Miss Dock and Mrs. Robb used to sit together evening after evening, talking over this plan. Miss Dock helped plan what Mrs. Robb was trying to bring about. I remember, too, that masterly paper that Mrs. Robb produced on the subject of associations, which should be read and studied with profit to-day, that was presented in Philadelphia fourteen years ago, following which the committees were appointed which brought this body into being. Mrs. Robb was, as Miss Bean has said, the first president, and I remember when she was appointed.

It did not exalt her at all. She went back in her sitting-room and closed the door and she did what President Roosevelt is said to have done when he learned of the overwhelming majority by which he had been elected president. She sat down and put her face into her hands and cried and she said, "I cannot do it." But she did do it. And that spirit of humility, that of approaching her work with the full consciousness of the tremendous possibilities, I think was one of the secrets of her power; not in a spirit of great confidence or arrogance, or feeling that she was president of this or that, but with a spirit of deep humility, praying that she might have the strength and power to do her work.

In her spirit, then, let us go out and do the work before us. We can well approach our problems with deep humility. They are great.

I think I can repeat that no body of women have had greater. We need the support of the entire community in doing it; and I think if we do it, what Mrs. Robb has done will be largely instrumental in bringing it about.

**THE PRESIDENT.**—We have only recently heard of the death of Miss Elizabeth Upjohn, graduate of St. Luke's Hospital, Utica, New York, and for some years connected with the tuberculosis work in Boston. She died at sea on the 4th of May. I will ask the secretary to read a tribute which came from her co-workers.

### IN MEMORIAM

IN a first report on tuberculosis work of particular interest to nurses at large, it is fitting to say a word in memory of a member of the original tuberculosis committee appointed in 1909, one of the pioneer nurses in the tuberculosis work in the United States, Elizabeth P. Upjohn, graduate of St. Luke's Hospital, Utica, and late Superintendent of Nurses in the Boston Consumptives' Hospital Out-Patient Department, who died at sea May 4, 1910. Of frail physique, but indomitable courage and unbounded enthusiasm, she was a daily inspiration to the nurses who worked for her, a loyal friend to those who shared her friendship, and a tireless champion of the patients whom she served. Although for years a sufferer from an incurable disease, none but her most intimate friends knew this and even they did not appreciate that underneath a happy and infectious joyous exterior was concealed all outward evidence of acute suffering. Faithful in all things, large and small, she sacrificed her life to the work in which she was most interested. The nursing profession at large has lost a warm advocate; her nurses, a leader whom it will be impossible to replace. Her work will go on well, for it was splendidly organized, but only those who worked with her can appreciate what her loss means to the countless sufferers from tuberculosis to whom nurses will minister. Only one whose love and faith and sympathy were unbounded could give as she gave, and her nurses are grateful indeed for the privilege of having known and worked for a woman who fought so nobly her part in the campaign against tuberculosis.

EDNA L. FOLEY,  
Chairman, Tuberculosis Nursing Committee.

### REPORT OF THE EXECUTIVE COMMITTEE

Four meetings of the Executive Committee were held—one in Minneapolis, one in Cleveland, and two in New York City.

At the meeting in Minneapolis, the number of members of the committee

was increased to seven, in order that the different sections of the country might be more largely represented. Committees were appointed according to by-laws.

There were four special committees appointed, as authorized by the association, namely, District Nursing, Tuberculosis Nursing, Nursing of the Insane, and Reorganization.

In October, 1909, upon request of the War Relief Board, candidates were nominated to serve on the Red Cross Nursing Service Committee.

Applications for membership from Alumnae Associations, 9.

Alumnae Associations admitted were as follows: German Hospital Alumnae of San Francisco, Blessing Hospital Alumnae of Quincy, Ill., Louisville City Training School Alumnae, Trinity Hospital Alumnae of Milwaukee, Wis. One received too late to be considered.

Applications for affiliation from state, county, and city associations, 7. Accepted: West Tennessee Graduate Nurses' Association, Wisconsin State Nurses' Association, Louisiana State Nurses' Association, Graduate Nurses' Association of Dayton and vicinity, Philadelphia Club for Graduate Nurses, Graduate Nurses' Association of St. Louis. One received from a county association too late for consideration.

Your Executive Board respectfully recommends that the combined offices of secretary and inter-state secretary be divided, and a salary be allowed the inter-state secretary; furthermore, that the secretary receive such a salary as the funds of the association will allow.

Respectfully submitted,

AGNES G. DEANS,  
Secretary.

#### REPORT OF THE TREASURER FOR THE YEAR 1909-10

##### RECEIPTS

|  |                 |
|--|-----------------|
| Cash balance on hand, April 30, 1909—General Fund..... | \$784.70        |
| Cash balance on hand, April 30, 1909—Journal Fund..... | 88.00           |
| Initiations .....                                      | \$25.00         |
| Alumnae association dues.....                          | 1140.50         |
| State association dues.....                            | 140.00          |
| City and county association dues.....                  | 75.00           |
| Interest, reports, etc. ....                           | 27.45           |
|  | <hr/> \$1407.95 |

##### CONTRIBUTIONS TO THE AMERICAN JOURNAL OF NURSING PURCHASE FUND:

|   |         |
|---|---------|
| Silver collection, annual meeting, 1909.....          | \$73.00 |
| Five delegates from St. Luke's Hospital, Chicago..... | 2.50    |
| E. M. Ellis .....                                     | 5.00    |
| Miss Bishop .....                                     | 5.00    |
| Florence Thompson .....                               | 10.00   |
| Old Dominion Hospital Alumnae Association.....        | 30.00   |
| E. F. Sherman .....                                   | 5.00    |
| Graduate Nurses' Association of Texas.....            | 75.00   |
| Elizabeth Hanson .....                                | 5.00    |
| Mary S. Gardner .....                                 | 10.00   |

|  |         |
|--|---------|
| M. Helena McMillan .....   | \$25.00 |
| St. Luke's Hospital Alumnae Association, St. Paul.....                     | 15.00   |
| Anna Davids .....  | 5.00    |
| Ella J. Goodrich .....   | 25.00   |
| Ellen V. Robinson .....  | 25.00   |
| Dorothea McDonald .....  | 10.00   |
| Genevieve Cook .....   | 5.00    |
| National Homeopathic Hospital Alumnae Association.....                     | 25.00   |
| Jane A. Delano .....   | 25.00   |
| S. Margaret Thomas .....   | .50     |
| Michael Reese Hospital Alumnae Association.....                            | 55.00   |
| Mercy Hospital Alumnae Association.....                                    | 50.00   |
| Memorial Hospital Alumnae Association, Richmond.....                       | 25.00   |
| Memorial Hospital Alumnae Association, honorary member..                   | 5.00    |
| Mary Scarlet .....   | 1.00    |
| L. E. Longstaff .....  | .50     |
| Graduate Nurses' Association of Cleveland.....                             | 25.00   |
| Missouri State Nurses' Association.....                                    | 50.00   |
| Georgia M. Nevins .....  | 25.00   |
| Florence Grand .....   | .50     |
| Mary Hutchinson .....  | .50     |
| Rebecca Wood .....   | .50     |
| Jessie Cavins .....  | .50     |
| Margaret Ainslie .....   | .50     |
| Mollie Hoge .....  | .50     |
| Grace Runkle .....   | .50     |
| Mary Hill .....  | .50     |
| Martha M. Hirth .....  | 1.00    |
| Mrs. Leonora Haig .....  | .50     |
| Augusta North .....  | .50     |
| H. B. Monteeth .....   | .50     |
| Oregon State Nurses' Association.....                                      | 50.00   |
| New York Hospital Alumnae Association.....                                 | 100.00  |
| Ohio State Graduate Nurses' Association.....                               | 50.00   |
| St. Mary's Hospital Alumnae Association.....                               | 15.00   |
| Mrs. E. Baldwin Lockwood.....  | 5.00    |
| St. Joseph's Hospital Alumnae Association, St. Paul.....                   | 20.00   |
| Garfield Memorial Hospital Alumnae Association.....                        | 25.00   |
| Long Island College Hospital Alumnae Association.....                      | 50.00   |
| Indiana State Nurses' Association .....                                    | 25.00   |
| Nineteen individual members, Indiana State Nurses' Association .....       | 10.00   |
| Alumnae Association of the Norton Infirmary.....                           | 25.00   |
| Boston City Hospital Alumnae Association.....                              | 50.00   |
| University of Maryland Hospital Alumnae Association.....                   | 25.00   |
| Alumnae Association of Roosevelt Hospital Training School for Nurses ..... | 100.00  |
| Battle Creek Sanitarium Hospital Alumnae Association.....                  | 50.00   |
| Sarah Odell Travis .....   | .50     |



|  |         |
|--|---------|
| Hope Hospital Alumnae Association.....                   | \$15.00 |
| West Virginia State Nurses' Association.....             | 50.00   |
| Hartford Hospital Alumnae Association.....               | 25.00   |
| St. Barnabas Hospital Alumnae Association, Minn. ....    | 25.00   |
| Anna C. Maxwell .....                                    | 25.00   |
| San Francisco County Graduate Nurses' Association.....   | 100.00  |
| A. E. Brobson .....                                      | .50     |
| Lakeside Hospital Alumnae Association, Cleveland.....    | 50.00   |
| Pauline Doliver .....                                    | 25.00   |
| Minnie G. Watt .....                                     | .50     |
| Mary A. MacKenzie .....                                  | 1.00    |
| Fantine Pemberton .....                                  | 1.00    |
| Brooklyn Homeopathic Hospital Alumnae Association.....   | 25.00   |
| St. Joseph's Hospital Alumnae Association, St. Paul..... | 5.00    |
| Minnesota State Graduate Nurses' Association.....        | 50.00   |
| Emma Holmes .....  | 1.00    |
| Gertrude Montford .....                                  | 1.00    |
| Susan B. Johnson .....                                   | .50     |
| H. ....  | 5.00    |
| E. T. Woods .....  | 1.00    |
| Evelyn L. Millay .....                                   | .50     |
| Margaret Wylie .....                                     | .50     |
| Anonymous .....  | 1.00    |
| A. E. Brobson .....                                      | .50     |
| Nebraska State Nurses' Association.....                  | 50.00   |
| Wesley Hospital Alumnae Association.....                 | 25.00   |
| Janet G. Grant .....                                     | 10.00   |
| New York Post-Graduate Hospital Alumnae Association...   | 75.00   |
| Mrs. M. Irene Moyer.....                                 | 10.00   |
| Louise K. Rudolph .....                                  | 2.00    |
| Wilhelmenia Koeckert .....                               | 1.00    |
| Los Angeles County Nurses' Association.....              | 100.00  |
| Rose A. Suffern .....                                    | 1.00    |
| Jane L. Carter .....                                     | .50     |
| Anonymous .....  | 1.00    |
| Brooklyn Hospital Alumnae Association.....               | 100.00  |
| Marie S. Goettler .....                                  | 1.00    |
| Nurses' Alumnae of Jackson Sanitarium.....               | 25.00   |
| St. Luke's Hospital Alumnae Association, St. Louis.....  | 50.00   |
| California Hospital Alumnae Association.....             | 50.00   |
| B. ....  | 5.00    |
| D. ....  | 1.00    |
| Danville Nurses' Club, Virginia.....                     | 5.00    |
| Iowa State Association of Registered Nurses.....         | 56.50   |
| New Jersey State Nurses' Association.....                | 25.00   |
| Margaret J. Thompson, R.N. ....                          | 5.00    |
| E. G. Sahrock .....                                      | 2.00    |
| Frances A. Myles .....                                   | 2.00    |
| Elizabeth A. Kellan .....                                | 1.00    |

|   |           |
|---|-----------|
| Rochester City Hospital Alumnae Association.....          | \$25.00   |
| Katharine E. V. Hope and Julia W. Montanye.....           | 3.00      |
| Graduate Nurses' Association of Lafayette.....            | 10.00     |
| Mary M. Roulson .....                                     | 1.00      |
| Hospital of the Good Samaritan Alumnae Association.....   | 50.00     |
| Asbury Methodist Episcopal Hospital Alumnae Association.. | 25.00     |
|   | <hr/>     |
|   | \$2351.50 |
|   | <hr/>     |
|   | \$4632.15 |

In addition to the above, gifts of AMERICAN JOURNAL OF NURSING stock as follows:

|   |          |
|---|----------|
| Rochester Homœopathic Hospital Alumnae Association.....         | 1 share  |
| New York Hospital Alumnae Association.....                      | 1 share  |
| Methodist Episcopal Hospital Alumnae Association, Brooklyn..... | 1 share  |
| Illinois Training School Alumnae Association.....               | 2 shares |
| Massachusetts General Hospital Alumnae Association.....         | 1 share  |
| Presbyterian Hospital Alumnae Association, Philadelphia.....    | 1 share  |
| St. Luke's Hospital Alumnae Association, Chicago.....           | 1 share  |
|   | <hr/>    |
| Value.....  | \$800.00 |

#### DISBURSEMENTS

##### EXPENSE OF ANNUAL MEETING, 1909:

|                                  |          |
|----------------------------------|----------|
| Badges .....                     | \$14.95  |
| Expenses of officers .....       | 226.35   |
| Printing .....                   | 37.85    |
| Stenographer .....               | 133.20   |
| Report of meeting published..... | 465.00   |
|                                  | <hr/>    |
|                                  | \$877.35 |

##### MISCELLANEOUS:

|  |          |
|--|----------|
| Expense of Nominating Committee.....   | \$15.05  |
| Expense of Executive Committee.....  | 225.90   |
| Salary, Agnes G. Deans.....  | 100.00   |
| Stationery and postage. ....   | 59.09    |
| Dues National Association for Prevention of Tuberculosis..                                     | 5.00     |
| Dues American Federation of Nurses.....  | 15.00    |
| Expense of Red Cross Committee.....  | 20.75    |
| Auditor, 1908-09 .....   | 6.00     |
| Stenographer ½ and for Federation Meeting.....   | 36.00    |
| Copies certificates incorporations .....   | 3.50     |
| Interest on JOURNAL stock.....   | 18.00    |
| Expense of Tuberculosis Committee.....   | 3.80     |
| Long Island Trust Co. safe deposit box.....  | 5.00     |
| Expense of Programme Committee, 1910.....  | 9.80     |
| Expense of representatives to stockholders' meeting, AMER-<br>ICAN JOURNAL OF NURSING Co. .... | 56.75    |
|  | <hr/>    |
|  | \$579.64 |

|   |                 |
|---|-----------------|
| AMERICAN JOURNAL OF NURSING stock, JOURNAL Purchase Fund..  | \$2000.00       |
| AMERICAN JOURNAL OF NURSING stock, General Fund.....        | 200.00          |
| Balance on hand, General Fund, April 30, 1910.....          | 535.66          |
| Balance on hand, JOURNAL Purchase Fund, April 30, 1910..... | 439.50          |
|   | <hr/> \$4632.15 |

## RESOURCES

|   |                 |
|---|-----------------|
| Cash on deposit Long Island Loan & Trust Co.:             |                 |
| General Fund .....  | \$535.66        |
| JOURNAL Purchase Fund .....                               | 439.50          |
| Fifty-three shares AMERICAN JOURNAL OF NURSING stock..... | 5300.00         |
|   | <hr/> \$6275.16 |

ANNA DAVIDS, R.N.,  
Treasurer.

Audited and found correct, D. D. ANDRADE, Accountant, Saturday, May 14, 1910.

CONTRIBUTIONS TO AMERICAN JOURNAL OF NURSING PURCHASE  
FUND, May 1 to May 20, 1910

|   |         |
|---|---------|
| L. L. Dock .....  | \$25.00 |
| Birdie Dunn .....   | 1.00    |
| Berrien County Graduate Nurses' Association.....                | 2.00    |
| Registered Nurses' Association of Des Moines.....               | 10.00   |
| Wisconsin Association of Graduate Nurses.....                   | 25.00   |
| Butterworth Hospital Alumnae .....                              | 10.00   |
| Maine General Hospital Alumnae.....                             | 25.00   |
| Graduate Nurses' Association of New Hampshire.....              | 50.00   |
| Graduate Nurses' Association of Pennsylvania.....               | 100.00  |
| Ida H. Sherk .....  | .50     |
| Lucy Ashley Sharp .....   | 5.00    |
| Georgia State Graduate Nurses' Association .....                | 50.00   |
| Lucy C. Ayres .....   | 25.00   |
| Salem Hospital Alumnae .....                                    | 25.00   |
| Anna C. Maxwell .....   | 25.00   |
| Nellie Morrell .....  | .25     |
| Through Mrs. E. G. Fournier.....                                | 5.60    |
| City and County Hospital Alumnae, Denver.....                   | 25.00   |
| St. Luke's Hospital Alumnae, Richmond.....                      | 9.50    |
| Connecticut Training School Alumnae.....                        | 10.00   |
| Union Protestant Infirmary Alumnae.....                         | 50.00   |
| Monroe County Registered Nurses' Association.....               | 25.00   |
| Graduate Nurses' Association of Dayton.....                     | 20.00   |
| King County Graduate Nurses' Association of Seattle, Wash.....  | 10.00   |
| Registered Nurses' Association of Colorado Springs.....         | 24.00   |
| Jewish Hospital Alumnae, Cincinnati .....                       | 15.00   |
| Mary E. Lent .....  | 5.00    |
| Individual graduate nurses of Detroit, through Agnes Deans..... | 27.50   |
| St. Luke's Hospital Alumnae, Chicago.....                       | 10.00   |

|   |          |
|---|----------|
| Graduate Nurses' Club of Pasadena.....  | \$12.00  |
| Elizabeth H. King, Honolulu .....   | 2.00     |
| Illinois State Nurses' Association, from the sale of Florence Nightingale postals ..... | 50.00    |
| Annie Rhodes .....  | .50      |
| Nellie Reed .....   | 1.00     |
| Rhode Island Hospital Alumnae.....  | 25.00    |
| Grace Carmichael .....  | 1.00     |
| Children's Memorial Hospital, Chicago (pupil nurses).....                               | 7.00     |
| S. R. Smith Infirmary Alumnae.....  | 5.00     |
| Jefferson County Graduate Nurses' Association.....                                      | 10.00    |
| Grace Hospital Alumnae, Detroit.....  | 15.00    |
| Grace M. Young .....  | 2.00     |
| Anonymous .....   | .50      |
|   | <hr/>    |
|   | \$746.35 |

King's County Hospital Alumnae..... One share of stock  
 Mt. Sinai Hospital Alumnae..... One share of stock  
 St. Luke's (New York) Hospital Alumnae..... One share of stock  
 ANNA DAVIDS, R.N.,  
 Treasurer.

THE PRESIDENT.—I think we have great reason to congratulate ourselves when we hear this report of the treasurer in regard to the purchase of the JOURNAL stock. Last year when an effort was made to raise this fund it seemed a gigantic undertaking; but the manner in which the nurses all over the country have responded is splendid; and one thing that has been most gratifying is the response from individuals in small contributions. Of course we are most grateful for the large contributions from states; but I think the small contributions, showing a wide interest, is the most hopeful sign of it all.

#### REPORT OF NOMINATING COMMITTEE

The Nominating Committee of the National Associated Alumnae of the United States begs to present the following ticket:

President: Jane A. Delano, Washington, D. C. First Vice-President: Mrs. A. R. Colvin, St. Paul, Minn., Helen Scott Hay, Chicago, Ill. Second Vice-President: Eva A. Mack, Chicago, Ill., Lucy B. Fisher, San Francisco, Cal. Secretary: Agnes G. Deans, Detroit, Mich. Treasurer: Anna Davida, Brooklyn, N. Y., Mrs. C. V. Twiss, New York, N. Y. Directors: M. Helena McMillan, Chicago, Ill., Isabel McIsaac, Benton Harbor, Mich., Margaret Whittaker, Philadelphia, Pa., Anna C. Maxwell, New York, N. Y.

Respectfully submitted,

ADDA ELDREDGE, R.N.,  
 ELSIE COURRIER PHILLIPS,  
 HELEN BALCOM, R.N.,  
 ANNA M. RINDLAUB, R.N.,  
 E. E. GOLDBING, R.N.



**ADDRESS OF PRESIDENT**

I WILL take only a short time to-day to say a few words in regard to our hopes for the future and our thoughts of the past. We have had such splendid meetings and so much inspiration during the past three days in the Superintendents' and combined meetings, that it seems almost hopeless for me to add anything to what has already been said and done. But there are a few points which impressed me through all of these delightful meetings. Our history naturally divides itself into two epochs: one beginning fifty years ago, when Florence Nightingale came back from the Crimea with the enthusiasm and the inspiration which led to the establishment of the first training school for nurses, as we know them to-day; and now I believe that we are on the threshold of a new epoch. As Dr. Polk told us last night, there was a combination of circumstances which led to the development of our profession; first of all was the great need in the Crimea. Other soldiers had lain unprotected, other soldiers had suffered without succor; other soldiers had died unattended; but for the first time in the history of the great wars of the world was the quick transmission of news possible. Telegraphic communication and railroads were just at the beginning of that period. When the news reached England of the suffering in the Crimea it was perfectly natural that women should be found to go to the front. I believe that so long as the heart of woman is filled with sympathy, so long will an appeal for help find response.

Soon after the war in the Crimea came the battle of Solferino. You heard last night a splendid tribute to the Red Cross, how the inspiration of one man led to its establishment. On the battlefield after this tremendous slaughter forty thousand soldiers were left dead and wounded. John Andrew Durant, a Swiss, found the conditions most horrible. He organized among the peasant women a relief corps, and he saw the great need for a mutual organization for the care of the sick and wounded in time of war.

We have developed training schools all over the country. Fifty years ago there were no training schools in America. Bellevue is just about to publish its thirty-ninth annual report. So you see ten years after the establishment of the first training school the work began in this country. I would like to pay a tribute to the work of the splendid women, who were, I believe, Florence Nightingale's own nurses, Sister Helen, who was the first superintendent of Bellevue training school, and Alice Fisher, the first superintendent of Blockley.

On my way to New York I stopped in Philadelphia for the twenty-fifth anniversary of the establishment of this training school, and it was my privilege to sit at dinner next to a nurse who was, I believe, the first graduate trained under Alice Fisher. She told me a little story which seemed to me so characteristic of the life and the ideals and the purposes of those splendid first nurses that I want to tell it to you. There was an epidemic of typhoid fever in Plymouth, Pennsylvania, soon after Alice Fisher came to Philadelphia, and the authorities of Philadelphia sent her there to help in the care of the typhoid fever patients. She went without any assistants, but found conditions so bad that she sent back to the hospital for help. The nurse who sat next to me was one assigned to this duty. I think she travelled all night and arrived there the next morning. She had been directed to go to a certain little hotel in this town and she found in her room a note from Alice Fisher which told her to rest for so many hours and then report for duty. The nurse did not realize what this meant, but took her rest, five or six hours, I presume, and then reported to Alice Fisher and found that she had been on duty without relief for seventy-two hours.

Following the establishment of the first training schools came their development throughout the country. But even twenty-five years ago there were only thirty-five training schools in the whole United States. Now there are over a thousand. There were perhaps eight hundred pupil nurses at that time, certainly not more, the schools graduating, perhaps, two hundred nurses during the year. It is impossible to estimate accurately the number of graduate nurses in America to-day, but there are probably not far from 75,000.

Now with this increase in our numbers come new responsibilities; and I believe that to-day we are standing on the threshold of a new epoch with new ideals, new hopes, and new aspirations. Dr. Goldwater, in his address of welcome, has outlined to you some points which we may well consider. I believe that the time is not far distant when this great body of women will be joined together in what we now call preventive work. We are inclined to accept conditions as we find them. In the old days we questioned very little the causes which led to the conditions. We found people suffering from typhoid and we felt that we had quite done our duty if we carried our patient safely through to recovery. Now, if we are called into country places to care for typhoid, we have not discharged our duty when we have looked after that one particular patient; we should consider as much as the care of the patient the protection of any one with whom we

come in contact, and as far as possible look into the circumstances which led up to this condition.

We hear a great deal these days in regard to the social point of view. I believe there is no body of men or women in the country to whom this duty comes more clearly than to nurses. We have had special training. We have opportunities which do not come even to a physician. We are with our patients twenty-four hours out of the twenty-four. A doctor comes in for perhaps fifteen or twenty minutes; and while his responsibilities are greater than ours, we have unequalled opportunities for service and instruction. And I believe we must give an account of our stewardship in regard to this work. Whether we justify our existence, whether we convince the public that we are really essential, rests with us. We are challenged; we know that we must admit it, we are challenged constantly. In my own mind I think these challenges one of the most hopeful signs. As long as people ignore us it means that we are working to but little purpose underground, like the mole, but when we begin to come out into the light and our work broadens, we may accomplish more, but our faults will be more conspicuous.

I believe that we occupy a peculiar position. It has been said that there is a gulf dividing the submerged classes, from the people above, over which none may pass without contamination. I believe that to us is given the opportunity to pass this gulf without contamination. I think we share with the Sisters of the various religious orders, this privilege.

May I leave this one parting word with you: to cultivate in your work, in your studies, and in your lives the desire to benefit all with whom you come in contact, whether sick or well; if well, to help them to keep well; if sick, to help them back to health and to improve the conditions in which we find our patients living.

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## **REGISTRY SYSTEM OF THE HENNEPIN COUNTY GRADUATE NURSES' ASSOCIATION, MINNEAPOLIS, MINN.**

Devised by MARION A. MEAD, M.D., Registrar

HAVING received from time to time so many inquiries for an outline of our system of operating a nurses' registry, I herewith present a practical and useful device, with illustrations, for the benefit of those operating or about to establish a central registry.

The illustration shows a board  $12\frac{1}{2}$  inches by 16 inches, which is ample in size for our membership of 170. Upon the face of the board are forty individual hooks, in rows of ten, numbered consecutively.

A card system is used: the size of the card is  $3\frac{1}{2}$  inches long by  $\frac{3}{4}$  inches wide.

Each member of the association is represented by a card bearing the name, address, telephone call, and character of case wanted or not wanted.

Cards marked with a nurse's name, address, and telephone call indicate that such nurse is on call for any case (see hook No. 2). In the event of a nurse so registered refusing the call, her card is transferred to the last hook.

Cards marked with a nurse's name, address, telephone call, and with the upper left corner marked "No Con," "Tbc.," "Ob.," "Out city," "9 P.M.," indicate that such nurses do not take cases of contagion, tuberculosis, obstetrics, calls out of the city, or calls after nine o'clock in the evening. Nurses' cards so marked are not called for such cases and retain their number on the waiting list, the registrar simply selecting the first card down the list registered for such work (see hook No. 14).

Cards may be marked for those desiring special work only: "massage," "obstetrics," etc.

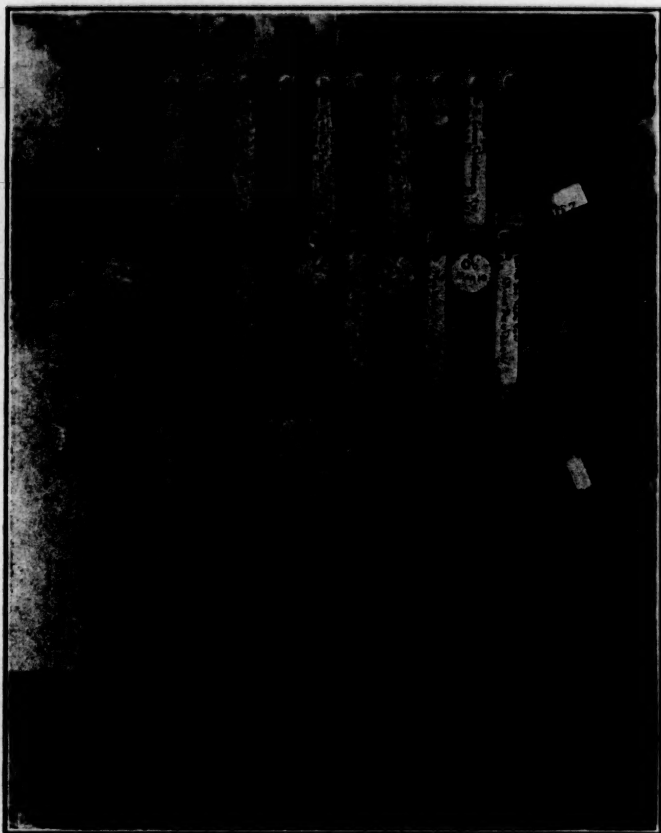
The waiting list may be read to physician or party calling for the nurse and a nurse may be selected by such party regardless of her number on the waiting list.

The cards used are of different colors, the Minneapolis hospitals being represented by seven different colors: red, white, blue, pink, yellow, gray, and black. The color green represents all members from schools out of the city.

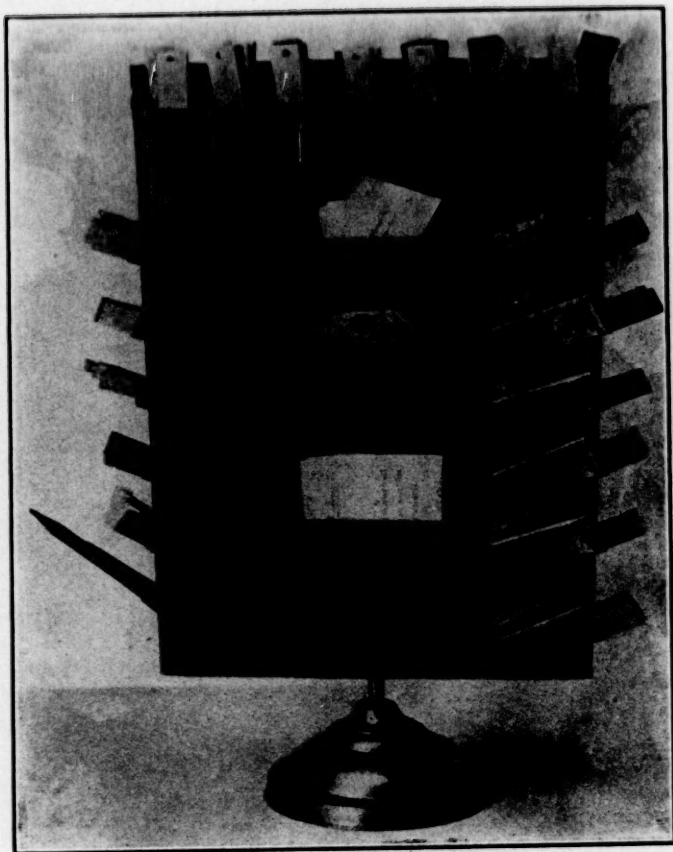
The system of colored cards makes it possible to more readily designate the nurses from different hospitals, as the usual calls from physicians of the city are: "What nurses are on the list from ——— hospital?" naming the hospital preferred. The registrar can at a glance read the nurses' names from the card color designating the hospital asked for, although such cards may hang on hooks Nos. 3, 5, 10, 20, 23, 32, etc.

On the back of the board are arranged eighteen metal slots (metal boxes being more easily made than wood). For our board, the slots or pockets are of brass to match the trimmings on the face of the board. These slots are arranged on an incline or angle on the back of the board and around its edge to allow the cards, when placed in the slot, to project an inch from the edge of the board, thus appearing on





**REGISTRY BOARD USED BY THE NURSES' REGISTRY OF HENNEPIN  
COUNTY GRADUATE NURSES' ASSOCIATION, MINNEAPOLIS.**



REGISTRY BOARD, SHOWING CARD SYSTEM USED.

the face of the board, and are marked alphabetically with brass tags to designate the cards of nurses out on cases. One slot is reserved to hold the cards of nurses in arrears, who are not allowed the use of the registry until dues are paid. Another slot is used to hold pencils.

Three extra large slots are also placed on the back of the board for convenience, one to hold cards left by applicants, another for special messages, and the third for blank message slips.

The standard for the registry board is an ordinary brass (leaded) standard. A rod attached to the board revolves in this standard. This arrangement gives a very compact system of hooks and slots for holding cards for registering nurses in and out.

A system of rules might be added, although every association and registrar must contrive its own points for convenience in their work—but let me give you a few suggestions we have found absolutely necessary for maintaining a first-class registry.

Some of our nurses specialize. When sent out by the registry and returning within forty-eight hours, they may retain their number on the waiting list. If registered for work and out for a time, they are expected to keep in touch with the registry every hour; if visiting a friend, to leave their telephone call at the registrar's office. If not within reach of a telephone, they may specify the hour they are to return, and a tag so marked is placed over their card on the registry (see hooks Nos. 8 and 15). Many times the physician will wait if he knows the nurse he desires for the case can take the call at a specified hour, and the call is held for that nurse.

A larger tag is used in the same way when the nurse notifies the registrar that she is engaged for a case on a definite date, the tag over the nurse's card being so marked. Then the nurse may be given calls for hourly nursing and short cases on call. The tag over the card reminds the registrar and assistant of the engagement of the nurse (see hooks Nos. 17 and 19). A tag is also used over the cards of nurses returning from cases of contagion, to allow the physician to decide the advisability of placing such nurses on special cases (see hook No. 24).

A bill is sent to each nurse a week before her association fees are due. At this time, a marking tag with wire prongs is affixed to the end of the card of the nurse in arrears, so that when the registrar takes such a card from the slot she refuses to enter the nurse for work until her dues are paid (see hook No. 10).

A book-alate, 12 x 16 inches, is used at the telephones for writing orders quickly. These are later transferred to the Standard Daily Journal, 8 x 12 inches in size, and finally transferred to the Register.

16 x 17, of 500 pages, which book contains a page for each member of the association, the work being accurately recorded under headings as follows:

HENNEPIN COUNTY GRADUATE NURSES' ASSOCIATION, MINNEAPOLIS

Nurse..... Graduate.....  
Address..... Telephone..... Date of Membership.....

| Date in. | A.M. | P.M. | No. | Date out | A.M. | P.M. | No. | Dr. | Pt. | Address | Disease | Remarks | Dues paid to |
|----------|------|------|-----|----------|------|------|-----|-----|-----|---------|---------|---------|--------------|
|          |      |      |     |          |      |      |     |     |     |         |         |         |              |

This makes a complete record of each member's work, and she has the privilege of referring to her own page at any time.

NOTE.—In the accompanying illustration of the front of the registry board, the colors of the tags would be:

White (City Hospital)—13, 16, 18.  
Pink (Swedish Hospital)—8, 10, 24.  
Gray (St. Mary's Hospital)—17.  
Black (Homœopathic Hospital)—12.  
Yellow (Asbury Methodist Hospital)—14, 21, 23.  
Blue (St. Barnabas Hospital)—2, 6, 11, 15.  
Red (Northwestern Hospital)—1, 3, 5, 7, 20.  
Green (Out-of-town hospitals)—4, 19.

MISS PARSONS.—I would like to know what the registry fee is.

DR. MEAD.—Seven dollars a year.

Do you charge a membership fee in addition to that?

DR. MEAD.—The membership fee and registry fee are one. Nurses must belong to the association in order to use our register.

Do you register experienced nurses?

DR. MEAD.—No, only graduates, and we hope to make them registered nurses. We are working for that.

I would like to ask what is done with nurses who go out on cases, if they are on call, without reporting to the register?

DR. MEAD.—They are supposed to lose their place on the list. We rather leave that to the conscience of the nurse. Of course there are none in Minneapolis who go out without telling us.

I should like to ask whether the schools in Minneapolis have their own registries, or whether this is the only one in the city?

DR. MEAD.—This is the only graduate registry that we know of in Minneapolis, and the superintendents are supposed to co-operate with us.

MISS ANNA MAXWELL.—I would like to ask what happens if there is no nurse to go out after nine o'clock?

DR. MEAD.—In emergencies the call is answered if possible regardless of specialty so marked on card.

MISS MAXWELL.—Have they no professional responsibility in that matter?



DR. MEAD.—Yes, I think they have.

MISS MAXWELL.—Do they feel that responsibility?

DR. MEAD.—Some of them, most of them.

MISS MAXWELL.—Because it is professional, distinctly?

DR. MEAD.—In case of emergency our nurses have always been very good in coming to the front and offering their services in such cases.

May I ask how many nurses you would consider a central registry could register, and carry on the work?

DR. MEAD.—You mean the number on our board?

The number of nurses that register.

DR. MEAD.—We have a membership of 170, but all of them do not register. We only have an average of perhaps the board full.

Would you think that the central registry could accommodate, say, a thousand?

DR. MEAD.—Oh, if you have the office force, I think so, yes.

MISS ROMMELL.—I want it distinctly understood that our registry at Minneapolis is conducted by the Hennepin County Graduate Nurses' Association. If one of our members registers and is given the privilege of registration, she must be a member of the association. The register is optional. You can register or not, as you choose; there is no special fee for it. The fee for admission to the association is seven dollars a year, and that covers the registration fee. There is nothing in addition to that. We have found that that is absolutely necessary in maintaining this registry. If you have a separate registry and make your registration optional, so that the nurses can register or not, as they choose, you will find nurses working by private contract who do not register. So we find it is preferable to have the association conduct its own registry, having the fees the same, and then any member is allowed to register or not, as she chooses.

MISS GIBERSON.—I would like to ask if you have any calls for experienced nurses in that registry?

DR. MEAD.—Quite a number of calls, but we have several non-graduate registries in Minneapolis. Before I had anything to do with it they registered both, and it was found not very desirable to continue in that way.

MISS NUTTING.—May I ask what were the real difficulties in the way of including some control of the experienced nurses?

DR. MEAD.—I think some of the nurses can answer that better. That was before my day. But I think they went out as graduates, using the same cards, and the same uniform, and getting the same prices.

MISS GREENWOOD, Cincinnati.—I beg to say that we have in our city a registry of the graduate nurses in the city, that we have a form for experienced nurses, have a separate card for them, and their prices are marked on this card. We have experienced nurses who go out for \$15, some for \$20, a week, who have had experience at the hospitals, and we find it does not interfere with graduate work. There is a very large demand for that sort of work and a marked need. We have been able to keep the interests of the two from conflicting and find it quite satisfactory.

MISS LOOMIS.—In this connection I would say that we have in Seattle a nurses' directory and we found that we could not carry the experienced nurses. They would say that they were members of the King County Graduate Nurses' Association, and we stopped it.

MISS SHERMAN.—We have found in Rhode Island, or at least we think we did, that we regulate better the abuses of practice by registering experienced nurses. We do not allow them to pose as graduate nurses. We allow them to charge a fee, but not to pose as graduates.

THE PRESIDENT.—We come now to new business. What is your wish in regard to a Committee on Resolutions?

MISS SARAH E. SLY.—I move that a committee of three be appointed by the Chair to draft suitable resolutions.

THE PRESIDENT.—You have heard the suggestion at nearly all of our meetings of the propriety of establishing some memorial to Mrs. Isabel Hampton Robb. I feel sure there is no dissension in regard to the suitability of such an act. The form which this memorial shall take rests, of course, with the two associations, and I consider it a most important question and one that we should give serious consideration. It must be a suitable memorial. It must be something that will commemorate in a suitable way the work which Mrs. Robb stood for; and I should think it wise that a committee be appointed to consider this question very carefully and to make recommendation in regard to it. I will leave the matter now in the hands of the convention and would like a very free expression of opinion in regard to it.

MISS IDA GILES.—I move that a committee of three be appointed to appoint a committee for this work, as it is so important, and I would also suggest that it be appointed by the Chair.

MISS NUTTING.—May I say that the Superintendents' Society appointed a preliminary committee that attended a final meeting and at that meeting the full committee was appointed, I believe five in number, to carry on this particular matter. The preliminary committee has ceased its work.

THE PRESIDENT.—Miss Nixon offers as an amendment that this committee should confer with the Superintendents' Committee in regard to the formation of the final committee.

THE PRESIDENT.—The final motion is that this preliminary committee shall arrange for the formation of a permanent committee, and confer with the committee of the Superintendents' Society in regard to the permanent committee to make recommendations in regard to this memorial. Carried.

Invitations received from Boston, St. Louis, and Chicago to hold the next annual convention of the society in these respective cities were read by the secretary.

THE PRESIDENT.—We never realized until now how desirable we are as guests. I think we shall have great difficulty in deciding how to distribute our conventions.

There is one question I wish to take up this morning, because it is a subject which has lain very near my heart since last year at Minneapolis. There is a responsibility which rests upon you, not upon me nor upon the Executive Committee, but upon this association as a body; and that is the question of our over-worked secretary. I doubt if any of you realize the amount of work that is involved in carrying on this organization. I am sure I had no idea of it, and this last year has been an eye-opener to me. The secretary has an exacting position. She does this work in her moments of leisure. Now we preach good living conditions for people, and yet we have a secretary whom we ask to do our work in her moments of recreation. Now I ask you, as women, if that is

Robb  
Memorial

fair? No, it is not. Now let us practice with our own and in our own work the things we preach. We talk about high ideals, high motives, and the good of all, and you have but a few moments ago cheered me when I said it. Now I want to ask you what we shall do in regard to our secretaries.

MISS NUTTING.—Pay her for the work she does.

THE PRESIDENT.—It was recommended to you in the report of the Executive Committee that we divide the work and have an inter-state secretary; but even that means a tremendous amount of work. I am not very good at figures, but I should like to know our membership.

THE SECRETARY.—182 associations, representing 14,997 graduate nurses.

THE PRESIDENT.—The only suggestion which has come to me is that in dividing the work between the secretary and the inter-state secretary possibly we may be able to pay each of these women something, certainly more than we are paying now. If we could employ—now I say employ, for I mean by that command the whole time of—some member of this association for five or six months of the year, when the state societies are holding their meetings, when the alumnae associations are holding their meetings,—if we could pay her a fair salary for these months, and share the expense between the Red Cross (I think I can speak for the Red Cross in regard to it), this association, and the AMERICAN JOURNAL OF NURSING, then we could plan a trip for her which would take her through the largest and most active nursing centres, where she can meet the nurses and present these three subjects.

I would like a motion in regard to the employment of an inter-state secretary for the three associations, if it can be brought about. I cannot speak for the AMERICAN JOURNAL OF NURSING, but I can speak for the Red Cross, I think, rather authoritatively. At least we can express our willingness to co-operate if it can be arranged.

MISS ISABEL McISAAC.—In speaking for the JOURNAL I think I shall have to wait until we come together and consider ways and means. It is a kind of work that we have been wanting to do for the JOURNAL for many years. I hope we can co-operate. I think we can, though I cannot speak officially. We have had a great many applications for speakers from societies to the JOURNAL. They come not to the JOURNAL, many times, but to the editor of the JOURNAL, especially from those rather isolated associations of nurses, in the Middle West and the West more particularly. We had already planned to send our editors to a group of the western state associations this spring. The number of calls we have had from various nursing organizations all over the country has made us feel it is a very good thing for the JOURNAL, as well as being helpful to the different associations.

THE PRESIDENT.—Our previous inter-state secretary is here this morning, and I would like a word from Miss Sly in regard to the work of the inter-state secretary, and the importance of it in the work as she found it among the different states.

MISS SARAH E. SLY.—Speaking from experience, I know of no more important work than that of the inter-state secretary, and I trust that there will be a very definite division of the two kinds of work. There is altogether too much work for one, and I feel that the department needs developing and the work is unlimited. In my report at Richmond two or three years ago I recommended a field secretary, and I believe that this suggestion which has just come from

the Chair, that we have an inter-state secretary for six months of the year, would be quite sufficient, as there would not be very much for her during the summer months. It is from the first of September up to and including about the first of June that the demands in inter-state work are greatest. There is a great deal of work and there are great possibilities. The secretary of the Associated Alumnae cannot follow all that is required of the inter-state secretary.

The state, county, and city associations know what the work of the inter-state secretary has been, not only in answering questions, but in furnishing literature—a bureau of information, practically—doing anything you are called upon to do in the best way you could do it, with the co-operation, of course, of the Executive Board.

MISS ADELAIDE NUTTING.—May I add just one word to what Miss Sly has already said? In the early organization of any society it goes without saying that one depends on volunteer work, and must depend for a certain number of years, until the society has gotten itself into good working order, knows its purposes and plans, and knows its membership and has its plan of work well in hand. It is always, I think, the purpose of a society of this kind of national scope as quickly as it is able to do it, to begin not to depend solely upon volunteer work, but to have some definite, permanent, paid assistants. Confronting, as we are now, certain big issues, and growing to the size that we have grown, with 182 organizations, with an enormous body of graduate nurses all wanting to know more about the work from the central authorities, it seems almost impossible that we should continue to depend upon unpaid work. We are now looking forward to more active work in the JOURNAL, and that would lead to a great deal more correspondence, I think, and a great deal more work. And I would be inclined, if I might have the privilege, to urge very much upon this assemblage that one expense, always to be entertained and considered, and carried on to the very best of our ability, is payment for that kind of work.

MISS KATHARINE DEWITT.—May I say a word about the value to the JOURNAL of such trips as you suggest? I do not think any one can realize, as Miss Palmer and I do at the JOURNAL office, how people come to be very closely in touch with the JOURNAL. Those old subscribers who helped to establish it know how much it means. They write for it, they subscribe for it because it is part of their nursing life. There are hundreds and thousands of the younger members throughout the country who don't know the ancient history of the JOURNAL, and to whom it cannot possibly mean as much as it does to those who carried it on from the beginning. But requests come every month, over and over again, asking whether Miss Palmer cannot come and give a graduating address, or a talk about the JOURNAL, or address an association; and whenever she can accept those invitations, which is all too seldom, because of her duties in the JOURNAL office, which she must fulfil,—whenever she can answer these invitations, there is new love for the JOURNAL in that vicinity, in that city, or that town, or even that state. That is shown not only by the subscriptions that come in, but by news items and articles. The JOURNAL becomes to them a new interest.

When Miss Sly was inter-state secretary she worked just as hard for the JOURNAL as for the inter-state work, and we saw the result from her work. There are parts of the country where she roused interest in the JOURNAL which has never been lost. You don't know how hard it is for us in the JOURNAL



office, when these requests come in, not to be able to meet them because of our duties there; I don't know of anything that would be so tremendously helpful to the JOURNAL as the field secretary.

MISS PEPOON.—We have had experience on the Pacific Coast with results from such trips. Our editor of the *Nurses' Journal of the Pacific Coast*, Miss Cooke, made a great many trips in the interest of the *Journal*. The result of the increased interest in the *Nurses' Journal of the Pacific Coast* has been perfectly marvellous; and not only that, but the interest in the state association work, although that has been, you might say, indirect, has been very, very marked. The nurses have been aroused to organize, and we have gained a great deal from her trips throughout the west.

THE PRESIDENT.—May I ask for a resolution for the employment of an inter-state secretary for five or six months in the year for this association, in connection with the Red Cross and with the JOURNAL, if it can be arranged?

MISS SEIDENSTICKER.—I move that such a secretary be employed. Carried.

THE PRESIDENT.—Before we adjourn I would like the authority of this body for the secretary to send greetings to our members who are absent, whom we all know and love. There is one whose name has not been mentioned in this meeting before, and I should like now to ask that she be included in the resolution in regard to greetings, if it suits you, and that is Miss Linda R. Richards. Miss Richards is one whom we all love to call the first graduate nurse in America. Might we have embodied in one resolution the authority to that effect: that Misses Linda B. Richards, Annie Damer, Sophia Palmer, and Lucy Drown be sent the greetings and good wishes of this society?

MISS GILES.—I move that the secretary be so instructed.

THE PRESIDENT.—May we have the authority of this association to send a cablegram to Miss Florence Nightingale, conveying our greetings and best wishes?

MISS GARRON.—I move that a committee be appointed to send a cablegram to Miss Nightingale. Carried.

MISS RHODES.—A great many nurses are Canadians, but I speak as an American of three hundred years ancestry. I would be very glad to make a motion that some official message of condolence be sent to Queen Alexandra, and I would move that the president have the power to prepare the form of official message of condolence.

Meeting adjourned.

#### THURSDAY AFTERNOON SESSION

THE PRESIDENT.—We are to take up at this meeting a very important branch of nurses' work, private nursing. It is with very great pleasure that I turn this session over to Miss Katharine DeWitt, associate editor of the AMERICAN JOURNAL OF NURSING, who has stood for all that is best in this particular branch of our profession.

MISS DEWITT.—Our president has said, this morning, much of what I would like to say about private duty nursing, and has said it much better than I possibly could have done. I hope we, as private duty nurses, will take home to ourselves what she said about our opportunities as teachers of health and hygiene. It is a firm belief of mine that the private duty nurse, as she goes about in the homes of the ignorant rich or the ignorant middle class, is just as important in the campaign for preventive medicine and for better living and

for the prevention of disease and for sanitation, as the district nurse is in her work among the ignorant poor. I should very much like to know how many of the nurses in the room at present are private duty nurses. Will they please rise?

(Fully three-fourths of the audience rose.)

Miss DeWITT.—It certainly is a good proportion.

This is the first time that we have come together as private duty nurses, and we owe this session to the thoughtfulness of the Executive Committee and the Programme Committee, who planned it for us. We are always a little backward in claiming our own, and I think it is characteristic of the private duty nurse that we have not had a session before because we never thought to ask for it. I am sure from the comments that have been made by many nurses in many places that it is appreciated.

### SOME ASPECTS OF PRIVATE NURSING

By RUTH BREWSTER SHERMAN, R.N.

Baltimore, Maryland

#### MADAM PRESIDENT AND THE ASSOCIATION:

THE private nurses of the country wish to express their thanks and appreciation for your action in setting apart this session for them. It is a step in advance which we hope will never be retraced; and we will try to use it to its fullest, as a chance to find out and improve some of those features of the present practice of private nursing which need changing in order to put our work on a better and more ethical professional basis. We know some changes are needed, and that advice from those outside our own ranks, however kindly and helpful, cannot be conclusive. For ourselves we must settle the troubling questions of our lives, and work out our own results from many differing conditions.

From ten years in the private duty field, I conclude that the greatest need of our work is that it be made more uniform and regular in its practice; and this can be done only by the private nurses getting into closer touch with each other and adopting some means of keeping so. Our best means at present is the Letter Department of the *AMERICAN JOURNAL OF NURSING*, which we hope to see used more freely every month for exchange of experience and opinion. This session is a great advance, and its best object will be gained if it results in an increased enthusiasm and zeal among us everywhere. Do not private nurses need to draw more closely together, not only in the Associated Alumnae but in the individual alumnae associations, to raise the status of private nursing as a branch of the profession, to safeguard their

own interests, and to control the making of registry rules and the setting of those precedents which everywhere govern the local practice of private duty? Is there not among us at present too much of the feeling that private nurses pay the dues but institution nurses attend the meetings and manage the affairs? This is largely true, but the remedy is in our own hands. We need in each alumnae association a strong sub-organization of private nurses who will keep in touch with each other's views and wishes, know when anything touching their interests is coming up in open meeting or in committee, and keep, if necessary, a standing committee large enough to insure some of its members attending meetings and representing the interests of the private duty body. This committee should act with the regular registry committee of the association and no registry rules should be made without its consent and co-operation. This arrangement would promote harmony and would lessen the deplorable but apparently inevitable feeling that the institution and private nurses are in opposition. Many deny that such a feeling exists; they tell us, "the institution nurse of to-day is the private nurse of to-morrow, the interests of one are the interests of all; there is no line between." This is partly true, only partly. We all know that there is a line, and that although many do pass back and forth, yet there stands on each side a large body of earnest women who have found the work for which they are temperamentally fitted and will never exchange it for the other. There are two classes, there always will be, and the feeling grows because unrecognized, like fire creeping under leaves and dry grass. Let the private nurses unite to promote the interests of their work and there will be greater good feeling and good will in the alumnae associations. If they are indifferent and careless about attending meetings and insisting on the rights and needs of the private work, naturally they will have no control in their own or other affairs. It takes effort, forethought, planning, and persistence. A little work to ascertain the feeling on points to be discussed, an arrangement that one or more private nurses shall surely attend the association meetings, enough courage to clearly state and defend the views and wishes of the absent, resolution to be heard and recognized, and willingness to insist as much as necessary on the right and requirements of the private nursing body,—given these things we could largely manage our own affairs, put our branch of the profession upon a firmer and more respected basis, and keep pace in our own line with the advance of other forms of nursing.

This closer touch between the two bodies of workers might result in avoiding awkward situations, which sometimes arise from lack of

understanding between the two. A great deal of power lies unused and unrecognized in our hands, because numerically we are the largest of all the nursing bodies, and probably always will be, despite the recent predictions to the contrary.

In this day when the tendency is toward breaking down school lines and making more uniform standards of education, training, and registration, has the time not come for standardizing our various *alumnæ* registry rules and the individual traditions of the graduates of different schools, and making them similar, so that private nursing may be more professionally uniform in its practice in the different states of our country, and nurses travelling or moving from place to place may find less varying customs? If practicable, I would suggest that this session ask the Associated *Alumnæ* to form a committee, partly of private nurses in active practice, who will take this work in hand. They should collect the rules of all existing registries and directories and harmonize them into one set which shall be common to all; but at the same time they should correspond with private nurses everywhere, graduates of schools in every section, and learn from them all the differing customs and traditions of practice which each school to some extent impresses on its graduates; and from these mark out some general plan which can gradually become universal. This is clearly necessary where nurses from several schools are to be united in successful central directories, and this local illustration has a national application. Probably some minor abuses could be abolished with benefit to the nurses and no hardship to the public. Take, for instance, the common request to the registry to "send a nurse at seven o'clock to-night," or "at nine in the morning." To meet this demand with accuracy, the nurse must often lose her own breakfast or dinner, and arrive too late for it in the house to which she goes; while in most ordinary cases a mere suggestion to this effect when the call was received at the registry would result in a satisfactory change of hour. Parallel to this is the usual practice of demanding a nurse at nine, ten, or eleven o'clock at night, for night duty, no matter how hard her own day may have been or how much she may need her night's sleep in order to do good work. Of course we all know there are emergencies—we are speaking now of the usual cases which compose most of our work. If any single registry adopted the rule that night nurses (except in emergency) must be applied for before noon, allowing the nurse to get a good sleep before going to her patient, a better condition would result in its own neighborhood, and other registries be emboldened to take the same wise step, as advantageous to patient as to nurse.



Do not understand me as saying that any of the rules I have suggested should be regarded as inflexible. On the contrary, I believe in each nurse using the greatest freedom of judgment in dealing with her individual cases, and I look for a time when \$30 or \$35 will be the usual rate for wealthy people so that we can nurse the poorer for \$15 or \$20; but I do urge that while such exceptions and adaptations should be left with the nurses in actual work, the general rules for the business side of our lives should be the same in all parts of the country.

Turning from the business to the humanitarian side of nursing, let us look now at some of the questions of our own work which are so subtle as often to pass unrecognized until they become personal, involving so many aspects of right and wrong that we are fain to say with him of old, "Experience is fallacious and judgment difficult." Let me cite some cases taken from life.

An hysterical woman, jealous for the love of a husband whose morals she has reason to doubt, engages a nurse and a few days later discharges her. How far is the nurse justified in warning other nurses against this woman? How far is she justified in keeping silent over the insult to herself?

An attractive widow, personally lovable, engages a nurse to travel with her, and under protection of this chaperonage stays at the same hotels with a man companion, laying herself open to suspicion. Is the nurse to stay (how long?) or leave? and how openly state her reasons?

A man, well known to be rich, engages a nurse while sick in a hotel and refuses to take a second room for her, subjecting her to entirely unnecessary inconvenience, annoyance, and humiliation. The doctor declines to interfere, knowing that if this nurse leaves he can get plenty more.

A woman whose husband is away entertains in her home a man whose standing with her is evident to all. Is the nurse to keep her post, or leave her sick patient in the house, and why?

Shall nurses go from their registries to answer the calls of a physician who is well known as profligate, dissolute, and immoral? The patients need good nurses as much—*much more*—than if in the hands of a good doctor, but how far shall conscientious women help in building up or keeping his practice?

A certain woman who drinks so heavily that reputable doctors who are acquainted with her refuse to attend her, wants a nurse for herself or her child. It means a comfortable engagement—and loss of respect from physicians who happen to know. Perhaps, however, she

really needs a nurse. Possibly this nurse can do something for this woman's soul as well as for her body. Can she go? *Can she refuse?*

A nurse went, late at night, from her registry to a supposed patient in a large hotel. She was met by a well-dressed man who said, "Oh, yes, I'm perfectly well, but a good rubbing will make me go to sleep." He had the grace to blush, however, as he looked at the young woman before him, and went to bed without his rubbing, while the young graduate returned to her room with a new view of her chosen work.

A nurse cares for a patient for a doctor prominent in his town, and later learns, almost beyond doubt, that he steadily performs criminal operations. Shall she answer another call from him in regular practice? And how far shall she protect him by silence to other nurses?

A nurse finished an obstetrical engagement in a prominent family and soon afterwards answered an emergency call to a small suburban home. On arrival she was met by the husband of her first patient; he was also head of the second household and father of the second child. What could, or should, this nurse have done? Are you sure what you would have done?

But the vital point, my friends, is not what you would do, in the experience, worldly wisdom, and self-command gained by your years of work, the vital point is this: *What will the young nurse do?* Fresh from the protecting atmosphere and routine of her hospital, what definite teaching has she received which prepares her for the equivocal situations in which she will often find herself, for the moral decisions which she will have to make unaided? Nor must we forget that the new graduate often has no bank account to support her moral views, and the necessity of earning money for her running expenses may obscure her spiritual vision. These are all actual incidents and the list could be extended much further. These things cannot be settled by discussion or covered by rules; they are things which each nurse must decide for herself when the need arises; what is right in one case may be wrong in another; what may be wise for one nurse to do might be foolish and dangerous and futile for another to attempt. But problems they are, *human* problems, and as much deserving our thought as the questions of a sliding scale or the nursing of people of moderate means.

One thing upon which some concerted action might be possible is the tendency of employers to "look us over" and choose among us. A lady wishes a nurse for a few weeks. Her doctor recommends several, all of whom he knows to be personally acceptable; the lady interviews

them on successive days and finally makes a choice. Often no nurse learns that others than herself are being considered; when we do know it, how far are we to endorse such unethical methods? Does it increase the dignity of our profession for nurses to submit to being looked over as if they were eager rivals for employment? Also, when a nurse is kept for a week or two in a family and then changed for another without the formality of any complaint or reason, dignity and good breeding urge the discharged nurse to silence and speedy departure; many considerations, and perhaps ignorance of the circumstances, lead the second nurse to take the vacant place. Perhaps it is an instance of the inability to "fit in," that crowning virtue in a nurse without which, though she have the gift of technic and understand all mysteries and all knowledge, it profiteth her nothing. But unless some definite reason can be given for a change, does not each nurse weaken the status of our profession by lending herself to such a course? Every such instance makes easier the meting out of such injustice to some other defenceless woman. In most states there is a law protecting the worker from financial loss in such cases; this law has been successfully invoked by nurses, and should be, whenever it can be made to apply, so that rich, idle, fussy women (it is practically always women who do these things) may learn that they cannot pick us up and lay us down like dolls.

I once heard a man say that every doctor should "prescribe" the nurse whom his patient was to employ, while the family and patient should accept the nurse just as unquestionably as "any other prescription." This would be an ideal condition, but there is a lesson in it for us—we would all have to be equally adaptable, tactful, and pleasing.

Another phase of private nursing is difficult to discuss but just as real as these: we have thought and spoken much of late how we can help along the campaign against venereal diseases, and in the better sex teaching of children. We have admitted our duty in urging mothers to properly teach their children, in helping with this teaching, in warning girls and young women against immoral associates and diseased companions. Have we admitted, even to ourselves, that we have a duty also to the pure but fast-developing boy who is under our care; or to the diseased fallen man whom we are engaged to nurse? Perhaps four times in five it is best to keep silent, but what about the fifth time? Perhaps it is a clean moral boy but in daily danger from his own instincts as a boy always is, whom we can strengthen in the right by a timely word or a warm earnest talk over matters which he

wishes to discuss but knows not how. Perhaps a man immoral and profligate but still awake to shame, who can be turned and helped to a new and cleaner life. These are solemn things but sometimes they are given into our hands, and there are nurses who have tried and succeeded. To ignore a responsibility is not to evade it. Remember Ezekiel's dreadful warning, "If thou speak not to warn the wicked from his way, he shall die in his iniquity but his blood will I require *at thy hand*." Remember Solomon's command, "In the morning sow thy seed and in the evening withhold not thy hand, for thou knowest not which shall prosper or whether both shall be good;" and the Divine charge, "Heal the sick *and* preach the gospel." How can we *forget* these things? And if *we* do not recognize the varied responsibilities of our work, *others* do, and will more and more. Not long ago the minister of a large city church sent for a busy private nurse, a member of his flock, and asked, "I have reason to think that — in my congregation is unfaithful to his wife; have you any knowledge on this point?" Is not this significant? These are things we must consider. Perhaps many of you have had just these experiences; if there is any who has not, let her remember that they may come to her any day, without warning, and call suddenly and imperatively for all the best and strongest that is in her.

It has been said that private nursing is a narrow groove. So it is: so also is the path to heaven narrow. It has also been lately written that "private duty is the lowest form of nursing." Let us not be alarmed by such wild statements. There is no highest or lowest form of nursing; it all depends on the woman. The elevation of our profession will progress exactly with the elevation of the nurses who leave our hospitals. The moral and spiritual training of pupil nurses must in some way be carried on side by side with their technical training, if they are to leave the training school prepared for the difficult, delicate, and complex work of private duty. Scientific knowledge, rightly taught, purifies not coarsens the mind and speech of a woman who is fit to be a nurse, and unless it has this effect the pupil is not fit for graduation, no matter how excellent her work may be. From the first day of training it needs to be emphasized that the growth of the soul is as necessary in the making of a nurse as growth of intellect or even of the "aseptic conscience."

A head nurse who protects the moral atmosphere of her ward as carefully as a good mother does that of her home, helps every man and woman in it. The superintendent who looks after her pupils' characters as faithfully as a Christian minister, is doing more than



making *good* nurses,—she is making *better* nurses. But many graduates begin outside work insufficiently prepared for the pitfalls and surprises which await them; after a few years they are quick to acknowledge this. What can we do to help them at this time? Who helped us when we began? Not the busiest or most successful nurses always; but those who were ready to meet our difficulties half way, who were clean and pure in thought and conversation, who held always the ideals of sweet and gentle Christian womanhood, who taught us to look beyond the business surface of our profession into its human heart. These are the women whose lives shine like stars before us and who lift their work to the highest plane of honorable service.

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#### DISCUSSION

BY L. B. DURKEE  
Detroit, Michigan

THE private duty nurses of the country most certainly do appreciate the honor which has been conferred upon them as a body, in being given a special session at this convention, and feel that such a session can but be of great value in establishing a status for them. The hardest thing in the world, among nurses, is to get together a representative number of private duty nurses, and the fact that their needs are recognized and that an effort is being made to satisfy them, can but meet with unqualified gratification.

Most of the "problems" which arise in private duty nursing can be settled satisfactorily, and without much difficulty, if the nurse, who feels that a problem is involved in certain situations, will only remember the rules which govern her moral, social, and ethical standards.

The question of whose influence is greater in her alumnae association as, for instance, the control of the alumnae registry, should never arise, for the questions which interest only the private duty nurse, or which involve only her interests, should not be brought up for settlement in a meeting at which the institutional nurses are in a majority. Surely no body of nurses, having the right idea of what is due their fellow nurses, would consider questions involving those who are in another and entirely different line of work, but to say that the institutional nurse has no right to discuss or advise on questions of rules governing the alumnae registry is not wise,—for the institutional nurse is having constantly kept before her the continual need of progress. The institutional nurse, of necessity, sees the outlook for, in her position, she hears constantly of the failure of the private duty nurse "to make good." Patients frequently complain of the private duty nurse; she did do, or did not do, according to their ideas of what is fit and proper for that nurse to do or not to do. Doctors seeking for nurses to care for their patients,—friends and relatives,—all, at some time or other, have laid their troubles before the institutional nurse and, therefore, she hears more and knows more of the seamy side of the private duty nurses' work than do the private nurses themselves, and she

feels the need of adjustment and regulation as much or more than does the nurse doing exclusively private nursing.

The only place in which this can be done is in the alumnae association, and it is unjust to the institutional nurses to require her to keep strictly out of and away from the affairs which apparently concern only the private nurse. I say "apparently" for it is not true that anything concerning nurses can be of interest to only one branch or class of nurses. *Everything* touching the professional life of any nurse is of interest to *all* nurses. We cannot live to ourselves alone, as we are finding at every turn.

The standardizing of alumnae registries and central directories would appear to be a necessary step in nursing progress, and would be of great benefit to the large number of women who are obliged to locate in cities away from where they were trained. The standardizing of training schools must be followed by an equalization of methods and rules governing all lines of work, and perhaps the time is ripe for the reviewing and revising of rules governing registries and central directories, under the inspection and advice of a committee appointed by this body for that purpose.

The obstetrical nurse and the children's nurse both have a larger field than formerly, and the trained nurse who specializes in either of these lines can be of the greatest educational value in the homes into which she goes. Why nurses refuse obstetrical cases is a great puzzle to the medical man, to the would-be patient, and her friends. To care for the parturient woman,—to watch the tiny babe from its first gasping breath,—to know that she has helped to usher a new soul into the world,—to be the "guide, instructor, and friend" of the mother who is responsible for the being of that soul,—to watch the daily growth of the child's mind, and the unfolding of its little life in all its tiny winsomeness,—all are pleasures which it is impossible to realize that any woman wearing a nurse's uniform would willingly forego. I must also speak of the opportunities for special instruction to the mother as to the care of herself and her other children, as well as the infant in her arms, as here the nurse can properly enter her field of instruction along many household lines.

I will not attempt to quote *verbatim* from the recent address of Dean Russell at the Horace Mann Auditorium, but the impression of one of his remarks, as it was made on my mind, is this: As long as the nurse is doing purely remedial nursing she is necessarily "the physician's hand-maiden," but in the field of *preventive* work the nurse as an educator is recognized as a great factor. The nurse who goes into a family for a long or a short term of duty, and misses an opportunity to instruct that family, or some portion of that family, in hygiene, sanitation, moral prophylaxis, or some one of the many details which daily and hourly come under her observation, has failed in an important mission. The nurse as the public educator is more widely recognized than even one year ago, and these responsibilities will continually grow.

The nurses who have just graduated from their training schools have had this thought impressed upon their minds long before they received their diplomas. But is the older nurse who has been in the field for a number of years shouldering her responsibilities as she should? If so, why is the cry constantly for "new" nurses, the "recent graduate"? Are the older women keeping up with the day? A few of them do, but not all. A few know the most recent nursing text-books, and the newest thought of the medical profession on pre-

ventive hygiene. Can the others hope to be kept "off the shelf," so to speak, where are relegated all "back numbers"? Can the doctor or the patient be blamed if they insist on having a nurse on whose diploma the ink is not yet dry, but whose mind is open to receive new impressions, as well as to impart knowledge, her hands still adept in the most recent technic?

I, myself, would like to know how to deal with the sick jealous wife. A change of nurses is undoubtedly necessary, but as to warning other nurses *against* her,—that is clearly impossible if the woman is sick and needs care.

The "attractive widow," whose only need for a nurse is to act as a chaperon while she is carrying on a dangerous flirtation, should, no matter how "attractive" she may be, nor how large a salary she is willing to pay, be taught that under *no circumstances* will nurses constitute themselves a shield to immorality, nor protect her from the consequences of a flirtation,—if she is not sick and only needs a companion.

In all cases, the safe rule of conduct for the nurse to follow is to answer the call of *human need*. Sickness and suffering cannot be left alone because a nurse has scruples. If the patient cannot be removed to a hospital, or left in competent hands, then the nurse's work is ahead of her. The humanitarian side of the question first:—Can you relieve? Can you comfort? Can you help suffering humanity to bear its burden of pain and misery? If you are morally and spiritually strong, these trials cannot hurt you. If you fail in moral courage or spiritual strength, and do not receive strength from the Source of strength, then step aside and let another take up the work. But sick humanity, under any conditions, *must* be helped.

Our president spoke this morning of the nurse in her relation to social questions;—of the stewardship with which she is invested;—of the peculiar position of the trained nurse, which will allow her, in her womanliness, in her dignity, her purity of mind, to pass the gulf to the submerged under-world, and there, without contamination, without fear or dread, minister to the diseased body, as well as to the unhealthy mind. These things are true, and the private nurse has more responsibility, more is expected of her, more is required of her, than she oftentimes realizes.

As a last word, the phase of private nursing which stands out to-day most distinctly,—the clearest view we are able to obtain of the many, many duties and privileges of private nursing, is that of the nurse as the teacher, and the guide.

If that attitude toward your profession is the one always assumed by you, then private duty nursing will never be summed up in the word salary.

MISS DEWITT.—As to complaints, we know that patients who have a very good nurse with whom they are very much pleased are apt to keep quite still and enjoy her, while those who are so unfortunate as to fall into other hands do not hesitate to tell all their relatives and friends every foible that the nurse possesses. I do not think that because we hear many complaints there are so many nurses who are failing in their duty.

Miss Palmer, in her recent illness, said to me, "When I think how these nurses have been caring for me, how they put their health and their strength and their energy for long hours each day at my service, what skill, what kindness these young women, so fresh and so young, are giving to make me better,—I am filled with indignation to think that people will accept such services and

then find fault; and I am going to have a few things to say about it when I get up."

MISS ELIZABETH SHERMAN.—It seems to me it is not so much the fault of the nurses as it is the high standard that is set for the nurses.

MISS DEWITT.—The next paper on our program is a topic which might well occupy us for the whole afternoon, pro and con: "Special Duty Nurse in the Institution." We all know that there are great bundles of grievances on both sides. I imagine we should have a very lively afternoon if we could have every one in the audience speak her mind, if the superintendents would tell us all about the kind of special nurses they have had in their institutions, and if all the private duty nurses who have been employed in hospitals should tell us about their experiences.

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### THE PRIVATE DUTY NURSE IN THE INSTITUTION

By CAROLINE CRANDALL FOOTE

Chicago, Ill.

A GRADUATE nurse is supposed to be the finished product of an institution, a representative of that institution's best technic in the general bearing of proficiency, ethically as well as theoretically. As such, her attitude toward her hospital or another while on duty as a special nurse marks her more accurately as a woman than as a nurse.

In finishing the curriculum of the prescribed course, she receives a voucher or declaration of her efficiency in the technical part of her work-to-be, but what institution can protect itself or its patients by giving a diploma for the hundred and one unwritten laws which insure understanding, consideration, charity, and a grasping of innumerable situations which lubricate the smoothly-running machinery of life in and out of the institution? It is in this respect that the woman, not the nurse, shows through the professional veneer of a two or three years' course of training.

As we all know, there are two distinctly different types: the good nurse, who is not the fine woman in the broad sense, and *vice versa*.

In doing private duty in an institution the characteristic which stands for the most in a graduate's success is that of tact, which without doubt is of two-thirds importance in her value to both the institution and herself; tact being the more polite and curtailed interpretation of the law of co-operation, without which she should never attempt institutional nursing.

It is rare indeed in or out of the hospital life to eliminate the impression that most older graduates have, that things are not running, or being managed, as they were at their own time of training, which



only echoes the hackneyed expression of our grandmother's "When I was a girl," etc., and criticism of this character is poor form, to say the least.

The under-graduate, ever quick to note and be impressed by a graduate's attitude, however much she may disapprove,—makes a double responsibility of which the graduate should ever be conscious; living up to the highest ethical standards for the nurse in training. The lack of such responsibility is a very frequent impression of a graduate in an institution.

Seniority in the institution, being very like the degrees of rank in the army with its steps of attendant dignity and respect, is materially affected and its discipline broken by bad examples or indifferent conduct of a graduate who does not believe in its cast-iron rules.

It is true that to be ever before the limelight, so to speak, may become a strain which many find too severe, but, however obnoxious, the graduate is an example, either for good or bad, whether she will or no, and as such, *noblesse oblige*.

Two of the most important impressions of a private duty nurse in the institution, are of a tremendous responsibility in upholding one's Alma Mater, and of helping to establish an *Esprit de corps* among women who are bound together in a work which should be an inspiration for the best in all things, and not a commercial investment.

Make life as practical as we may, there is a something in the nursing life which sets it apart from other vocations of women, and where this something is lacking to those who do not understand, it is purely a business transaction.

As to the "many grievances which they think could be remedied," to quote from the request for this paper, it always seems a cry from a monument of neglected opportunities, a wail of the inefficient and self-pitying in the world.

We know there are institutions where the bodily comforts and the considerations of perhaps the average private duty case outside the hospital is absent, where no thought of quiet and rest to fatigued brains and bodies of graduates is considered more than in a most primitive way, yet we believe it is the exception rather than the rule in our largest and best-known hospitals.

However, the graduate nurse may weigh the pro's and con's for and against the institutional work, selecting that which is not found wanting in the balance.

For the future, how much of the work in institutions the graduate nurse will be called upon to do, will depend much upon her attitude towards the hospital, in her example for good even against her skill as a nurse.

The inestimable value of coming in contact with the best-known and most skilled professional men of the times, also of becoming familiar with new methods, an utter impossibility unless one is at times in a hospital, must be realized by the graduate in keeping pace with her work; otherwise a professional suicide.

If one's training and experiences in life make it unbearable to conform with the rules and regulations, to the letter, of institutional life, it were much better never to accept hospital calls—thus avoiding a pernicious influence and deplorable example for the hospital heads to combat.

MISS DEWITT.—I think there are present some private duty nurses who do a good deal of special work in hospitals, who can speak on the side of the private duty nurse in the hospital, or perhaps some superintendents who have had in their hospitals a private duty nurse of the right kind, who has been an inspiration to her student nurses. How good it would be to hear that side.

MISS ISABEL McISAAC.—It has been a good many years since I have been a superintendent and came in contact with nurses who came in for private duty, but as I recollect it, there were many more who did good work and were an inspiration than those that were of the other kind. Those who were an inspiration and an example to the younger nurses far outnumbered those who were not. I may have forgotten them, as we do forget unpleasant things as we grow older, still I am sure that the good ones far outnumbered the others.

MISS DEWITT.—Is there any superintendent or head nurse who could suggest some ways in which the special duty nurse in the hospital could be particularly helpful? Very often a nurse who goes on duty in a hospital would be glad to co-operate and glad to help, but she is a little slow and does not see her opportunities for herself.

MISS SMITH.—We would be very glad to have the special nurse a little more careful in her conversation. She has more time to herself and a less variety of things to think about, and if she could be a little careful, she has splendid opportunities for contributing little suggestions by way of refraining from shop talk, particularly.

MISS DEWITT.—That is a good suggestion to work upon. We hear of private duty nurses who go into hospitals on special duty, who have learned new ways in their own practice outside, little practical ways of doing things that have not crept into the hospital, because the nurses have learned them by adapting themselves to circumstances. If they share this knowledge with the student nurses, it may prove something very desirable to them as they go out.

I know when I used to be on duty in a hospital, as I was occasionally, it never failed that the student nurses would gather about me as we met at meals or in the halls and say, "Now do tell us what private duty is like." That is such a tremendous opportunity for helping them, an opportunity that we all ought to be so glad of. And, on the other hand, there is so much that the student nurses could tell us. There is something new, even if you have been in that hospital only six months before; and if we go into a hospital with the idea of wanting to give all we can that is helpful to others, as well as eager to learn, it may be made a most happy association, and not one giving rise to discord.

The third paper on our program is on nursing in rural homes. I think the nurse whose work lies largely in the city has no idea of the interesting problems of the nurse who goes into a farm-house and finds conditions all awry, conditions as bad as those of the city tenements,—where the people have all the windows nailed down, and the food consists of hot bread and salt pork. The nurse who does a good deal of country nursing is to my mind a very courageous and splendid person. The district nurse can go into the slums and work among the people, but she does not have to live with them. She can go home and take a bath and make herself decent and comfortable, but the nurse who goes into the homes of ignorant country people and lives with them for six or eight weeks at a time, on a hard case, does all kinds of work without adequate rest, and lives in unhygienic surroundings. She has to make most tactful suggestions as to the way of living,—here is a tremendous field of usefulness.

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## THE PRIVATE DUTY NURSE IN THE RURAL HOME

BY MARGARET A. PEPOON  
San Diego, Cal.

Does nursing in the rural home differ from private nursing in the city? Is illness the same in town and country? Are conditions of living different? Is the attitude of the family toward the nurse different? It is impossible to generalize. So many different conditions exist in different sections and in different degrees of prosperity that if any statement were made in regard to nursing in the country numerous exceptions could be taken.

For instance, nurses as a rule think of rural work as service involving unusual sacrifice of personal convenience and of difficulty in ob-

taining comfort for the patient; yet some of us can remember country cases like the following:

The patient in a large airy room, bath-room with hot and cold water next door, kitchen on the same floor, pleasant room for the nurse near by, telephone, electricity, gas, and all modern conveniences, the family willing to buy all things desired for the patient, and more than anxious to relieve the nurse for sleep and recreation, and to place the whole beautiful home at her disposal as though she were an honored guest; beautiful lawns, gardens, conservatory, library, automobiles, and a grand piano.

On the other hand, it would be impossible for the visiting nurses of New York City to cite cases of greater difficulty in obtaining the essentials needed for the care of the sick than can be found in some of our mining districts, where wee tots, reading in the second reader, are taken from school and put to work in the mines, where little children have never seen a nightgown till the nurse, from somewhere or other, secures one for the patient, where ignorance is so dense that the well members of the family take the rest of the patient's bottle of medicine (when the doctor changes remedies) so as not to waste any of it; where the whole library of the home consists of an almanac.

Poverty is not the only foe the nurse must combat in the destitute home; stinginess is an even greater difficulty. In sections settled by the thrifty immigrant, ideas of expenditure founded on experience in the cheap living conditions of the old world cause the small farmers to deprive their families of all luxuries, and many things Americans deem necessities, in order to pay for the land. This is often a desperate struggle; the extra money to pay the nurse and buy what the patient needs is begrudged. In these homes one finds the little girls without drawers in the depth of winter and the whole family sleeping in unheated rooms, though the bed-rooms are so cold that the moisture of the breath forms frost on the edge of the bedcovers.

In such families the nurse finds it difficult to obtain a decent cup of coffee for her patient, because the coffee grounds are boiled over and over for economy's sake; even the children exclaim about waste if the nurse drops the soap into the baby's bath water, and the remains of the patient's meal are taken from the tray and eaten by the family. On wash day, the clothes are dried on branches of trees to save buying a clothes-line, and the nurse must devise some scheme for airing the patient's bedding.

Mrs. Anna L. Schroeder, in the *Nurse's Journal of the Pacific Coast*, describes her experiences in caring for a diphtheria case in such a



country home. In speaking of her arrival, she says, "If I should live to be a thousand years old, I should never forget the sight that met my eyes nor the stench that filled my nostrils. The members of the family were sitting up around the fire. The room was 12 x 14, with very little chance for ventilation, and contained two beds. After the little girl died, they had been afraid to lie down. The little putrid body had lain in the bed with them for six hours." She had been told that they were well-to-do farmers and could get anything she asked for if she insisted, yet the oldest boy had no night-shirt and she put one of her own gowns upon him the first night. There was no toilet of any kind and until the nurse came the diphtheria-infected excreta had been emptied upon the hillside to be washed into the nearest stream.

In these days when telephone, automobile service, gas, electricity, good plumbing, and good sanitation are available by those who have means in every community, the care of the wealthy patient is practically the same in town and country. In nursing the destitute, the problem is similar to what it was in the city before district nursing made it possible for the municipality to care for its sick poor. Can district nursing be carried on successfully in the small town and the real country? Has it been a success where it has been tried, if so, under what conditions? If it is not practical for ordinary country life what other form of organized effort is to care for our rural poor who *cannot* or *will not* go to the county hospital? These are questions of vital interest to all engaged in private work in the country and might be discussed with profit.

Perhaps it is in caring for the middle class that one finds the greatest difference between city and country practice. In town, this class of people who live comfortably and spend freely, is willing to employ a nurse when needed, and begrudges neither her wages nor anything that adds to the patient's comfort. In the country, these people as a class are more economical, and more conservative, inclined to look with suspicion on a woman who demands large wages for doing work the responsibility and importance of which they do not understand. They are busy people who have no time to relieve a nurse for her rest, accustomed to do without things which she may consider essential, and apt to expect her to do the same; and the nurse is lucky if they do not include the patient in the same programme of self-sacrifice.

In such a rural home a nurse of large stature slept nearly a week curled up in a baby's bed. As she was not relieved in the day time, and her only rest was in the baby's bed, the case proved pretty wearing. The excuse for this proceeding was that the men were husking corn

and unable to take time to drive to the neighbor's to borrow a cot bed.

Another case is told of a worn-out mother who went to bed when the nurse was secured, and the latter had to care for the two patients, cook for them, and also for herself, and obtain what rest she could in a Morris chair, as the only beds in the house were occupied by her patients. No provision was made for relieving her and when she asked for a bed she was told "we have no more beds." The idea of securing one did not occur to the mother.

It is almost impossible to realize what a godsend the arrival of a nurse is to a family caring for their own ill in an isolated location. In a home where the eldest boy was ill, the other children followed the nurse about, watching her every movement, and anticipating her least wish, each one anxious to fetch and carry for her, feeling her starched apron and admiring her cap and uniform with as rapt an expression as though an angel had come into their midst. . . . The influence of the nurse upon the children of the rural home is boundless.

Such a comfort to the mother to have some one to talk to in the long weeks when the usual country quiet is made more lonely by the doctor's strict orders "No company!" Such a relief for the home-keeper to drop the awful burden of responsibility—a burden heavy enough in town, with near neighbors to sympathize and help and the doctor near by—but in scattered country homes increased many fold! The importance of the nurse's mental and spiritual influence can hardly be exaggerated.

As to improvement in hygienic conditions one must *see* in order to *believe* the changes that have been wrought by a nurse's precept and example. Much has been written about what she can do to secure better ventilation, drainage, disinfection, good drinking water, pure milk, well cooked food, healthful dress, and intelligent care of the body.

Bright people often do dangerous things simply because their attention has never been called to the danger. A suggestion is often sufficient in such cases as the following: the indiscriminate use of carbolic acid, the habit of cutting corns or lancing boils with a dirty pocket knife, the common practice of stopping the drinking of water as soon as any symptom of kidney or bladder irritation arises.

Nowadays one expects to find every one informed as to the need of keeping a patient with a high temperature as cool as possible, yet a nurse tells of finding a little boy with a temperature of over 103°, in a bed drawn up near the fire, a long heavy flannel night-shirt completely covering him. The mother explained that the child had never worn night-shirts before, but one of the neighbors had insisted upon

getting them for him. When the nurse removed the night-shirt she found underneath a heavy drilling shirt, and underneath that woollen undershirt and drawers.

A nurse who thought everyone knew something about tuberculosis was thunderstruck at the conditions she found upon going to a country town to care for a case of tubercular pleurisy in a wealthy family. When she entered the room, which was so dark she could not see the patient, the odor was almost unbearable. Every door and window was shut tight, the shades drawn, and screens placed before every crack. A velvet carpet covered the floor. The patient, wearing a flannel shirt under her night-gown, and lying on a feather bed, was running a temperature of 103° plus.

The habit of doping is one against which a nurse can often enter a protest. Not only the patent medicine evil, but the custom in some families of keeping a "doctor book" and doctoring the family from the book will often be undermined by a line of thinking suggested by the nurse. Some member of the family develops a slight ailment. The nurse, supposed to be a walking doctor book, is consulted. "What had I better take?" Here is an unsolicited chance to use one's influence against the terrible habit of taking medicine for every ill.

The need for the well-trained nurse in the rural home is *very great*; the demand is *very small*, because the people cannot see the difference between skilled and unskilled labor in this profession and they will not make any sacrifice to secure what they do not appreciate. We must create a demand for the best, not only for our own sakes, because the number of nurses is increasing, and many cities are overcrowded with nurses, but because the country people need us. The people of Macedonia needed Paul though they did not want him and when he heard in a vision the voice crying "Come over into Macedonia and help us" he went, even though they cast him into prison upon his arrival.

The nurse who enters the field of rural nursing must turn her back on many things which she holds dear; must perhaps fight for every step in advance, but the road she takes, though steep and narrow, leads through the gate over which are written the letters that spell the name of what we are all seeking, *Opportunity*.

MISS DEWITT.—Miss Pepoon has covered the ground so well that we can do better without the formal discussion of the paper; but I know that all of you, especially those who were at the Associated Alumnae meeting in Richmond, where Miss Cocke was chairman of the Committee on Arrangements, will be sorry to hear that she, who was to have led this discussion, was taken ill in Washington and has not arrived. I hope some one in the audience who has

wrestled with particularly bad rural conditions and has come out triumphant will tell us about it.

Mrs. MORRISON.—I am from Oklahoma, but I am a New York graduate. I had a case a short time ago in a three-roomed house. It was a case of tuberculosis. The mother had had pneumonia, with tubercular trouble; you all know how it would terminate. She was the mother of eight children, with four step-children. They were living, as I say, in three rooms, with four visitors, members of the family. So you can imagine how they lived and what accommodations I had. Of course I would do anything I could for my patient. I was there three weeks, at the end of which time my patient died. I found it had been the habit of that family to tuck themselves into very close quarters. They were all afraid of the night air. They seemed to think it dangerous. Before I left, I convinced them that the night air, fresh air at any time, was what they needed. The husband, when I left, told me that he never had feared tuberculosis as he did after his wife's death, he never thought there would be any harm in it; but he said that if it was necessary he should touch a match to the house and burn it down. The house was very thoroughly fumigated. I did nothing but talk fresh air all the three weeks I was there. Every one that came into the house, children and all, thought it was dreadful—it was in cold weather, as cold as they have in Oklahoma—that I had the windows wide open. I just talked fresh air to every one, and I know that if I didn't do any good with any other family except this one, I did help them in the way of knowing what fresh air meant.

I find a great many such places. I went from a hotel, where I had every convenience, and my next case, four hours afterwards, was out in the country, in a log house with two rooms, where there were no conveniences at all. We find those all through the west. I do not mean to say that all of the cases are of that kind, because we have some very fine places to go to, but I have a great deal of rural work. The cities supply the nurses. Most of the nurses in Oklahoma come from other states and we have no large training schools there as yet. The country doctors send into the large cities for their nurses, when they can persuade the patients they must have them, so we have a great deal of rural work in that state.

Miss DEWITT.—That is true missionary nursing and leads us by the most natural step in the world to our next subject on the program, "Missionary Nursing," which I asked particularly to have considered at this convention, because in the JOURNAL office we are having, month after month, the most urgent pleas for missionary nurses, of all denominations, Protestant and Catholic, and we cannot find them to recommend to those who ask for them. They turn to us, thinking that we will know. We can publish the appeal, but we don't know where to find the nurses. I am convinced that the reason is, not that we have not nurses of missionary spirit, but because nurses do not know the demand there is for them on the mission field. As medical work is being more thoroughly established in the different countries, doctors need women nurses to go in and work with them. To-day we have with us two who have done actual missionary work, and they are going to tell us something about it. I think they will inspire some of our members to go into that work, because we want to help those who need us there as well as those who need us here. We do not want to have it true in any part of the world that nurses are needed and are found wanting.



## OPPORTUNITIES FOR NURSING IN CHINA

By SADA C. TOMLINSON  
Anking, China

IN the few minutes in which I may speak to you, I want to tell you of the great opportunity for, and the great need of, the trained nurse in the foreign mission field, to interest you, if I can, in missions. To do this, I must speak to you of the only portion of the foreign mission field of which I have any practical knowledge, which is China.

You've all doubtless heard a great deal of the awakening of China, heard her characterized as a monster, stretching herself and opening her eyes after sleeping a thousand years. You may know that her people call her "Djung Gueh," which means the middle kingdom, and in former times thought of her as enclosed in a huge circle, touching on all sides the extreme limit of a square, flat world, leaving four small corners, "Mai Gueh" or outside kingdoms, inhabited by barbarians, and as long as China retains her present mode of writing and her ancient literature, just so long will she continue to consider all westerners as barbarians, from a literary standpoint, as possessing that only too utterly new to be of any real value.

But during the last ten years, the student class of China has been rapidly opening its eyes to the fact that there are other pursuits than the literary, worthy of their attention. China is calling in men from our great colleges and from England to teach the young men in her government schools—modern languages, chemistry, athletics—she is calling in foreigners to instruct her officers and drill her armies. These facts are due to many sources, but largely, though often indirectly, to the army of foreign workers within the empire, laboring unceasingly to broaden and give direction to her awakening energies. Travel among the upper classes is growing to be as much the vogue as it was the vogue fifty years ago not to know of anything outside the Chinese Empire.

Hand in hand with this progress has come the building of hospitals, more or less on the plan of hospitals of this country to-day. These hospitals are monuments to the tireless energy of a few physicians. They were built for the most part by money given in this country, by people who believed, as did the physicians, that if hospitals were placed where the need is so dire, there would be those willing and anxious

to go out and man them, making them the efficient weapons they should be against ignorance and disease—an educational and beneficent influence to all who come within their radius.

The question before the medical and nursing professions of China to-day, is—was their belief justifiable? There are a great many good people in China, on a far higher plane spiritually than we are (unless this assembly differs vastly from most assemblies of nurses), and these people are largely of the old and tried, who have been in China at least 10 or 15 years—they believe that their motto is "The greatest good to the greatest number"—by which I gather that they mean, we must do the most we can for the greatest possible number of patients, even to the detriment of the quality of our work, and if you try to find out how they *dare* to do less well than they know, they will reply, "But think how superior our poorest attempts are to anything they have ever had."

Quite true, for before the foreigners brought it, there was no such thing as surgery in China, and their doctors are the veriest of "medicine men," filling their patients with ground glass for indigestion, and thrusting red hot needles into the eyeballs for some trifling eye disease: but what of these people who are willing to give less than their best? The fact is, most of them are daily giving of the best, but they are willing, for the sake of what seems to them expediency, to have us of the medical profession give less than our best. Among people of this way of thinking are a few doctors who have been in China many years.

Is it that they see too many obstacles in the way? They are not the men to stop at obstacles. Have they forgotten the strides their profession makes yearly? Is it that they themselves have fallen behind and grown careless, that they underestimate the value of—well, asepsis for instance? Yet it is due to the superhuman efforts of these very men that we now are able to begin the work as it should be done. Please remember I did not say all the doctors who have been many years in China are of this mind; they are not, I am glad to say. We can only wonder how they keep abreast as they do; we know it means every vacation or furlough spent in Vienna, Berlin, England, or this country—not in rest but *work*.

We are not to-day the pioneers of the medical profession in China, though we may be the pioneers of the hospitals conducted on the American plan, and of the training of the student class in the profession of nursing.

But if these veteran workers are right—then the time has not

come to train native nurses for China. I need scarcely present to you the result of turning out upon any country (least of all a country in a state of ferment that China is in to-day) an army of slipshod, careless nurses, in their turn to instruct nurses certainly not less careless and slipshod.

But there is in China a small number of doctors and nurses who believe that the time has come to give nursing as a profession to the student class in China—the very magnitude of the work demands it—and if this is the case, the best we can send is not too good. This small company also believes that its motto is “The greatest good to the greatest number,” ultimately. In several hospitals, more or less, I should say less, successful attempts have been made to train the lower classes as nurses. In St. James Hospital, Anking, on the Yantse River (where I have been for the past two years) has been made the first attempt, so far as I know, in Central China, to establish a training school in connection with the hospital, thus giving nursing as a profession to the student class of mandarin-speaking men and women. I think I may say so far it has not been unsuccessful. In the next five years it should prove a success, and will doubtless be adopted by all the hospitals. If the profession is to claim and hold the best of the student class, it will be through the services of nurses, the best our hospitals can train,—capable, attractive, adaptable women, who know what it is to fight, and love it—who are not afraid to meet difficulty and overcome it.

If now we can give nursing to the student class of China, we will give our profession in the Empire a forward impetus of a hundred years at least; for if now the profession is given to the lower class, the evolution by which it will come to its own will be painful and slow,—how long will China have to look for a Nightingale?

The standard of good work has already been raised there. I know of one nurse from Blockley, Philadelphia. She is doing splendid work. She has been doing the work, nominally, of two women—it should be allotted to three. How long can she keep on if nobody goes out to help her? I don't know. What will she do? Will she be content to lower her standard of work and give less than her best because of the great pressure on her? I think not. Will she give up and come home rather than give less than her best? Maybe so. Will she drop at her work, or, worse, ruin her health? Will we let her? Will you and I miss such an opportunity? I know a nurse from my own school (Boston City), a Johns Hopkins nurse, a Roosevelt nurse, a Wellesley woman in the Yale mission—she is still contending with the

language. In a year she will open, on American lines, Dr. Hume's Hospital at Chang Sha, where the Yale mission is located. How long before she'll be begging for an assistant? You can't teach in practice and theory, direct the training school, know about every patient and inspect every corner in the hospital, and be the operating-room nurse, and do it all well!

People say, "There's so much to do here, why not do it first?" Just because in the attitude of China at present there is an opportunity that will not wait; it must be grasped now, or in a few years it will have gone on to the place of lost opportunity, another witness to selfishness and neglect.

A friend was asking me of my work, and I said, "Oh, it's really a big situation to be slung, and of course it's fun to sling it." She said, "But why can't you do the little thing so close, instead of going way out there?" Well, the thing I'm trying to do just now is to help the people who have said, "We will crush tuberculosis out of our land," and it is n't in any sense little, but, this country once thoroughly aroused to its danger, how long will it take? Some people say—years. How many are there prepared to fight, compared with those equipped to intelligently fight in China?

In the United States are 90 million;—in China 400 million.

In the United States are 152,000 physicians and surgeons; in China, 207 men and 93 women doctors.

Many people here are superintendents of great training schools—you can't go out there—I'd be the last to want you to; some of you are an inspiration daily to every nurse who works under you, but you might find ways to let your nurses *know*,—you want them to be broad, you might have people let them know—what their profession is doing in foreign lands.

"But these people have their religions." There are Confucianists, and Buddhists, and Mohammedans—yes, they have—and Buddhism and Mohammedanism and that splendid moral code of Confucius are, I believe, that salt that has saved China.

But are they affecting the life of China to-day? No, they are not. They've done their work, and they are dead. Have we nothing to give China more vital to take their place?

People will say, "Oh, it is all right to give them medical aid—but Christianity, I don't believe in it." Oh, don't you? Go out then, and look at the women and the little children in China, and maybe you'll feel that you'd like to give them something. Have you something better than Christianity? The people who say these things are



products of Christianity—owe everything they are, every humane instinct they have, to Christianity.

I heard a preacher in St. Paul not long ago say that there was only one sin—I had n't been listening to a word he had been saying, but that sentence caught my attention—I knew before he spoke the word—it was “selfishness.” I'd never thought of it—everything is traceable to it.

Many of you can't go. I know it. Some of you maybe can. Do you think it would be interesting? Don't you think it would be worth while? If you do, look into it. Come over into Macedonia and help us.

MISS DEWITT.—I wish Miss Tomlinson could speak in every training school in the country. I do not believe people would be begging in vain for missionary nurses. I wish some of the superintendents who would like to have their nurses hear such an appeal would write to the Church Mission Rooms in New York and see if they could not get her.

MISS R. B. TOUPET.—Do the nurses have any special religious service to perform?

MISS TOMLINSON.—They may in some missions. We have quite as much as we can possibly do with our own work. Of course there is never any telling. As soon as you speak the Chinese language well enough, then people will ask you questions. It is as little as you can do to answer. It would be absolutely impossible in a big hospital where you are unable to speak Chinese. I believe in some missions nurses vary very largely from what I do myself. I myself could not preach it; if I can live it, I shall be very glad.

MISS R. B. TOUPET.—Many of the letters that we have from missionary nurses also refer to their nursing work as being preparatory to some spiritual work.

MISS TOMLINSON.—I don't know. It may be so. There is a lot I don't know.

## THE AWAKENING WORLD

By SAMUEL M. ZWEMER, D.D., F.R.G.S.

Arabia

MADAM PRESIDENT AND MEMBERS: After having been under the tutelage of a trained nurse for fourteen years, who was a graduate of a training institution and did post-graduate work at Sydney, and then went out to Arabia as the first white woman to begin work among the Arab women, and with whom I helped to fight one campaign against plague and two against cholera, I have less hesitation in speaking to this convention. If any one has admiration for the profession of nurse, I am sure all your foreign missionaries have.

There was a time when the emphasis in missions was on the theological note, when the preachers spoke of the “heathen,” as we

then called them, the non-Christians, as without Christ, without hope, and without God. We cannot abolish that statement, but the emphasis to-day is on the sociological note; and I am willing to make out a case for the non-Christian world by saying that they are without soap, without civilization, without schools, without hospitals; and in so doing I believe I only bring back the emphasis where my Master and yours put it nineteen hundred years ago, when He based the whole of Christian service on the sociological note—"I was sick and ye visited me."

And the first point I want to make, I am sure you will all admit, is this: that the horizon of opportunity for American nurses and physicians is not limited by the boundaries of these forty-four states and territories, but that the real horizon for American nurses is as wide as the world. There are to-day four hundred missionary hospitals and seven hundred and eighty-three dispensaries, so called, and these dispensaries are a sort of out-door annex to the largest hospitals. In the four hundred hospitals there are treated every year no less than 8,556 in-patients and no less than 6,444,000 out-patients, by American nurses and physicians. You will find these hospitals located on the Congo, the Nile, the Niger, in the wilds of Africa, north, south, east, and west, in the heart of Asia, India, China, Japan, and in every Moslem land. They are there because there was some American physician or some American nurse who saw greater opportunity and greater need at the antipodes and went in obedience to Christ.

Before I speak of the present opportunities for missionary nurses of all sorts, I want to read a list of the actual needs. To-day there are twenty nurses desired to sail before October or November on the part of these missionary boards: The Protestant Episcopal Society wants four trained nurses for China and the Philippines; the Baptists, two for East China; others are needed for Africa, Arabia, and India by various boards; while the American Board desires no less than four for Turkey, and two for China and the Philippine Islands.

These scores of opportunities are simply typical, and as candidate secretary of the Student Volunteer Movement for the last three years, while on furlough, and now going back to my field in Arabia, I want to assure you that new appeals are coming in continually; and that we can place, perhaps, throughout all the mission fields of the churches, more than forty or fifty trained nurses every year.

I think the qualifications required of trained nurses are simply their professional ability, Christian character, together with a Christian courage and tact and willingness to work with others and win others in the spirit of self-sacrifice.

Now there are three reasons why you should open your eyes to these opportunities. First, I think the main reason is that of the unity of the world. The time has passed when you can divide the human race or the map into water-tight compartments. We are all one. As Joseph Cook said, "The nineteenth century made the whole world one neighborhood; the twentieth century will make the whole world one brotherhood." Our daily newspaper joins together by lines of humanity and of service in a common plea for the suffering and sorrow of those that need us. Not only the daily press but the consciousness of the human race and the advancement of science has proved beyond the shadow of a doubt what the Bible tells us, that "God made of one blood every nation to dwell on the face of the whole earth." You cannot tell by microscopic tests, or any scientific test, the least distinction in blood between the different races of the great human family. If the seismograph in Washington registers an earthquake in China or Japan, then the seismograph of human sympathy registers in New York or Philadelphia the famine of India and the massacres at Adana in Turkey, and the persecution of our Jewish brethren in Russia. And you have no right to limit your horizon as nurses by a mere provincialism of professional training as if you were only American nurses. The whole world is your field of labor.

I love those words of the Roman Catholic poet, Father Tabb, who died some months ago in Baltimore:

"A Little Boy of heavenly birth  
But far from home to-day,  
Comes down to find His ball, the earth,  
Which sin has cast away;  
Oh, brothers, let us one and all  
Join in to get Him back His ball."

And if you and I can get the conception of the real unity of the human race, then we will never more have the conception that because we are white we are better than anybody else.

In Harper's Weekly a few years ago there appeared a poem which I think is worth reading from. It was called "The White Slave's Cry."

"We are the chosen people  
Look at the hue of our skins.  
Others are black or yellow;  
That is because of their sins.

"We are the heirs of the ages,  
Masters of every race;  
Proving our right and title  
By the bullet's saving grace;

"Slaying the naked red man,  
Making the black one our slave;  
Flaunting our color in triumph  
Over a world-wide grave.

"Indian, Maori and Zulu,  
Red man and yellow and black,  
White are their bones wherever  
They met with the white wolf's pack.

"We are the Chosen People,—  
Whatever we do is right,—  
Feared as men fear the leper,  
Whose skin, like our own, is white."

That is keen sarcasm, but you cannot read the story of the American Indian or the story of China or the story of Africa without feeling that in the sarcasm rings a note of conviction and sober truth.

Now the foreign missions, if you choose to call them such, give the lie to that sentiment and make the responsibility of service world-wide. The unity of the race is the first reason why we should give our lives in service to China as well as to America.

In a sense I suppose every nurse is a missionary. I am sure of one thing: every missionary, *nolens volens*, has to be a nurse; and alas! we are not trained for the business.

The second plea for missions is the plea of opportunity. Can you point out a single country where you would not be welcome to-day as a nurse? You cannot point out on the map any place in the non-Christian world where you would not be welcome as a nurse, a physician, or a teacher of hygiene and nursing.

I helped draw the plans for the first hospital ever built on the east coast of Arabia. To-day that hospital at Bahrein has two doctors in charge and last year they had 17,800 patients. We are building a second hospital at Muscat, Arabia, and one at Busrah. Along a coast line of a thousand miles there are these three places, and three only, where a sick man or a sick woman or a sick child can receive scientific treatment. In the whole of Arabia, with a population of eight million



souls, there are this afternoon possibly less than a score of physicians, counting both government doctors and missionaries, for the population of eight million. You can find whole countries like Afghanistan and Tibet and Chinese Turkestan and Bokhara, the great Sudan and Somaliland, where there is not a hospital in the entire country. If you wish to gain a sense of proportion draw a hospital map of Ohio or New York and then draw a hospital map of China or Africa. That will show you the places where there is a chance for service to humanity.

Everywhere abroad there is opportunity. Japan to-day is leading the whole Orient. Japan perhaps no longer needs physicians, because missionaries have introduced medical learning into Japan. China, with its four hundred millions, has made its plea to-day before you by one of its missionaries; and when I think of China I think of what Lincoln said of the "common people": "God must love the common people, because he made so many of them." God must have loved the Chinese, because there are so many of them—one-fourth of the race.

Who can help feeling indignant when the press talks about "rice Christians in China? Why, the Chinese Christians are our examples in unselfishness and devotion. Tens of thousands were cut down in the Boxer uprising. They know their new religion; they love their new religious people. And like that Korean Christian who had to learn the Sermon on the Mount, after failing twice came back the third time and said he had learned it. "How have you learned it?" He said, "I could not learn it from the book, but I practised it on the heathen Koreans until now I know it by heart." That is the way they apply truth.

The non-Christian world suffers the horrors of ignorant superstition and quackery, absolutely without value to the patient. They prepare talismans to ward off sickness when smallpox ravages among the children and cholera is prevalent in the cities,—cities where the common water supply and common sewer are the same stream! Busrah has eighty thousand people and not a mile of sewer-pipe; in Teheran and Tabriz, Persia, nearly the same conditions prevail. Think of the opportunity throughout the whole field. You cannot mention a single country in the non-Christian world or read a single book of travel on that country without feeling there is surely great opportunity for the trained nurse.

I read a recent book on Somaliland, a journey of two women hunting for big game in that great country and they say: "We are not physicians, but to-day we tried to minister to a poor woman with

a high fever. We are not physicians, but to-day they brought to us a man who had his leg broken and who came a distance of ten or twelve days' journey with a caravan." The whole world is crying out for physicians and nurses. Shall we answer them?

It is not only the cry of opportunity but the cry of importunity. Let me read the testimony of a woman physician who went to Arabia:

"During my two weeks here we have had twenty operations on the eye, one amputation, the removal of a large tumor, and numerous teeth extractions. In medicine we have had pleurisy, pneumonia, tuberculosis, tetanus, smallpox, leprosy, paraplegia, different varieties of heart lesions, and other interesting cases. In gynecology we have had the usual run of inflammations and displacements, with atresia for a specialty.

"One of the peculiarities of the people here is that they never present themselves for treatment until the disease is far advanced, but of course there is an excuse for them in some cases, as they may have suffered for years before there was a hospital to come to. About seventy-five per cent. of the people seem to have eye-trouble of some sort. Trachoma, trichiasis, ulceration, and opacity are the commonest forms; yet inside a week one meets everything from simple ophthalmia to panophthalmitis. In fact, one would have to be a specialist in every branch of medicine and surgery to do justice to the amount and range of material which presents itself."

Statistics tell us there are a million blind people in Egypt, half blind or totally blind, and conditions are no better in China or Persia.

Think of the possibilities of teaching hygiene in countries where they have never learned the very first principles of cleanliness. Think of the possibilities of doing your very best, and, if you please, incidentally, if in no other way, being a living example of that great and first missionary who went about doing good, opening the eyes of the blind and healing the lepers.

Believe me, there are only three possible investments of life, mine and yours; and Jesus Christ, whom we all respect, whatever our creed, the great Lord and Master of us all, has put it down so simply that all can understand. Hear his parable: "Neither do men light a candle and put it under a bushel, or under a bed, but on a candlestick." The bushel is the symbol of gain, from Shanghai to Chicago. The bed is the symbol of ease, from Patagonia to Alaska; and the candlestick is the symbol of service. Physicians, trained nurses, and every one who has a special talent for service, are deliberately every day putting their lamps under a bushel, under a bed, or on a candlestick. Where shall yours be put?

I had a little girl in Arabia who used to go into the hospital there and sing to the patients; she now sings with the angels. The song she sang most of all and most sweetly was this:

"Jesus bids us shine  
With a clear, pure light,  
Like a little candle  
Burning in the night."

In this world of darkness he bids us shine. Shall we do it?

MISS DEWITT.—I want to say about Dr. Zwemer what I did about Miss Tomlinson. I think if any one wanted very much to have her pupil nurses hear him she could manage it by communicating with him at the rooms of the Student Volunteer Movement. If there are any ready for any of these twenty places that are calling for nurses, if they will communicate with the Student Volunteer Movement, 105 East 22nd Street, they can hear all about it. I hope that as a result of these talks we shall have our intelligence increased, our interest aroused, and that there will be some representatives from us. The age limit is about thirty-five. There would not be a great majority of us in this room who could go even if we wanted to. But we all have influence, and I am hoping that there will be a greater number to meet the demands that are constantly coming, as a result of our conferences to-day on missionary nursing.

THE PRESIDENT.—I think you have found this a most instructive, inspiring, and helpful session, and I am sure we are all most indebted to Dr. Zwemer, who has come here to make this perfectly splendid speech. I have something in store for you yet. At one of the sessions of the Superintendents' Society held on Monday or Tuesday, I have forgotten just which, those who were there were very much interested in the account given by Mr. Parsons, of New York, in regard to the work they are doing in connection with the hospitals in the establishment of small gardens, and I asked him to come here this afternoon and say a few words to us in regard to this work. It seems rather a peaceful occupation after the stirring things we have discussed, but as Mr. Parsons told us the other day, it was the original occupation of women before the necessity or thought of missionaries began; so that it is not altogether inappropriate that he should come in now.

### CHILDREN'S GARDENS

By HENRY GRISCOM PARSONS  
New York City

I REPRESENT an organization in New York City, of which I am the secretary, talker, practical adviser, and general advance agent. Our business in life is both to convince people of the value of children's gardens and, where the demand is important enough and where able to do so, to help establish the gardens. Such an opportunity came to us last spring and we started such a children's garden on the grounds

of Bellevue Hospital. One of the old city ferryboats down there is in the water alongside the grounds of Bellevue Hospital,—they try to keep it tied fast,—and right at the gangway I excavated a piece of ground fifty feet square and then filled it in with loam and painted the fence around it green and cleaned up some other things and made a garden for twenty children. There were at that time about thirty-five on the boat. These children are in various stages of tuberculosis. Some of them are consumptive and some of them are not; some of them have bone trouble of various kinds, but they all belong to the class of tuberculosis, and from our previous experience we felt that a garden was just what was needed for those who could move around, get up and have a little activity, and it has been very successful. Please, before I forget it, let me tell you the address of this garden and two others, so that if you have an opportunity you can visit one of them. Bellevue is at the foot of east 26th Street. You just go in the gate and ask for the children's garden. One I have just built in Public School 177, Manhattan, is at Market and Monroe Streets, just east of Chatham Square Station, on the Third Avenue Elevated, about five or six minutes' walk. That will give you a better idea of the garden than Bellevue's, because Bellevue has not as many flowers in it as yet and is not quite as far along.

Then there is a garden at the foot of West 53rd Street and 11th Avenue, and some of the nurses have already visited it. As soon as I got through talking Wednesday they must have gone straight there, because Mrs. Parsons told me they got there at twenty minutes past five and I finished about twenty-five minutes of five. So they made fast time. If you want to see children in that garden try to get there after three and before five o'clock, except on Saturday; on Saturday you might see them at any time, except at the noon hour.

At Bellevue Hospital, where the original garden was laid out for twenty children, the demand was so strong that we cut each plot in half and made room for forty children. Then as the number changed on the boat there were all the way from twenty to forty children, each owning a small garden.

The one in charge of that garden last year was one I had trained, not a nurse. We tried to get the authorities to have a nurse trained for that work, and we are making efforts to bring to the attention of nurses the desirability of learning, as part of their work, something about how to conduct children's gardens; for I am sure many of them will find it interesting work. I received, two days ago, a letter from just such a person, a nurse who says she is breaking down under the



inside work and would like to have some outside work and wants to know where she can learn about gardens. At the school down town, under the Board of Education, there is a piece of ground which I also made, fifty-one by fifty-four feet, and there is room on that for fifty-six children, each having a plot of sixteen square feet. That will give you also a typical child's garden. The one at 54th Street has room for nearly five hundred children at a time, on three-fourths of an acre.

It will especially interest you nurses to know that during the past three years, the Crippled Children Driving Fund of New York City has brought to the DeWitt Children's Garden crippled children, many of them so much crippled that they must be carried from the wagon to their plot. The number has averaged about one hundred and fifty annually, different children, who have had the opportunity to work in the ground at growing plants, had a chance to harvest some of their plants; and it may interest you to know that by putting these crippled children, the ones who have something the matter with them, either in plaster or something of that kind, on paths four feet wide, they did not have much difficulty in doing some of the work. We have had some rather striking and touching incidents there. We had one boy without feet and one boy without hands, and the two together made a whole boy, and they worked the plot between them. There have been a number of that kind. We had a girl there who was born without one hand,—the left hand she had; and she used the good hand and got so she could cultivate very nicely with one hand, using the hoe. To place before such children these opportunities is often very touching. We feel it very keenly, and I will admit if we did not see the funny side quite as keenly it would be probably more than we could stand.

The work is going to spread. I can tell you frankly that several hospitals are getting interested. They want to know about it, want to know how it is to be done. I believe the time is coming, whenever children are kept in a hospital after they are out of bed they will want a children's garden to interest the child, give them some education that they really need, keep them in the fresh air and sunshine. One thing that the garden does for the child is too often left out of strictly scientific treatment, and that is real happiness. I have seen children that have been fed on eggs and milk and meat and, as I said the other day, regular training table diet, to fill their bodies with as much energy as possible to combat the disease, and then told to go lie down and be quiet. Well, a child cannot do that, and then you have no right to call a child bad if they wiggle or even fight. It is not just natural fighting condition, it is the abundance of animal spirits. Now

garden work, fortunately, is about the safest work they can do. There is as little opportunity for overstrain as any work that is of interest to the child.

At Bellevue, and even in this new garden away down the East Side, the wild birds are visiting already. They seem to pick out these little spots of ground as they fly by, and the children have seen robins, thrushes, and cat-birds this year, and I have seen bees hovering around plots where there were only two plants, and no others in five miles. How they get there I don't know.

It is one of the most marvellous means of bringing the country to the child who is shut up. Those who do not know will hardly realize how a small piece of ground will accommodate a great number of children or how a great variety of interest can be brought to the child.

If you want to know any more about this movement the office is at 1133 Broadway, Room 1515. You will address Henry G. Parsons. We have some printed matter, and we only want to hear from those who want to look further into it.

THE PRESIDENT.—I was particularly anxious to have this matter brought before you, because many of the nurses come from hospitals in the country, where it would be very easy to work out this plan of hospital gardens for the convalescent patients; and I think we are greatly indebted to Mr. Parsons for taking the time this afternoon to come and help us, after having devoted an hour to the Society of Superintendents. I feel quite sure that he will be repaid by seeing this plan spring up in different parts of the country through this little suggestion which he has dropped to you this afternoon.

I wish to announce the committee to consider the question of a memorial which we discussed this morning: Miss Alline, Miss Cooke, Miss Noyes, to serve on this preliminary committee.

Meeting adjourned.

#### FRIDAY MORNING SESSION

The meeting was called to order at 9.30 A.M. by the president, who called for the report of the inter-state secretary.

#### REPORT OF THE INTER-STATE SECRETARY

The state associations which are not reported failed to return the "official blank form" which was sent them.

Whether it was because of this new departure in sending in an annual report, or that there was nothing specially accomplished, it is impossible to say, but the majority of those received give very limited accounts of the year's work.

Out of the 28 state associations, only 18 responded; and out of 18 county and city associations, 13.

CALIFORNIA, with a membership of 1030, it will be remembered, was success-

ful in securing the passage of its bill for registration, but it was not until June 8, 1909, that the Board of Regents accepted the obligation placed upon it by the State Legislature. As the waiver expired in 1908 it necessitates all nurses taking an examination; this of course is meeting with the opposition of the nurses, and an amendment has been made, to be presented to the Legislature, in January, 1911, requesting that the bill be made applicable to the present, and also adding a reciprocity clause. Two hundred and eleven of the members volunteered for service in the American Red Cross.

COLORADO, with a membership of 96, has been devoting the entire year to increasing the membership, which has been difficult on account of the nurses being widely scattered through the state. The workers in the association report that it has been hard to keep up the interest in the work of the association, although 879 nurses have registered.

DISTRICT OF COLUMBIA prepared a course of lectures, which were given during the winter and well attended, the subjects presented: Care of Sick Children, Diet in Typhoid, Nursing for the Neurologist, The Psychic Factor, What to Avoid and the Principles That Guide, Red Cross Administrative Methods for the Nursing Corps, New Surgical Devices and Methods of Treatment, An Argument for Equal Suffrage, Infant Feeding, Care of the Sick in the Navy, and others equally interesting.

GEORGIA reports 268 graduates registered, but the law is being opposed by physicians who own sanitariums, and by nurses in charge of the same, who are not interested in uniform curriculum, standards, etc. An amendment is proposed, which will prohibit superintendents of training schools serving on Board of Examiners. The association has contributed to the Associated Charities, is affiliated with the State Federation of Women's Clubs, with which it is co-operating to secure a compulsory educational law, and one to prevent child labor. It also contributed \$10.00 to the Industrial School.

ILLINOIS has 1272 graduates registered. The Legislative Committee was kept on the alert defending the law, as an effort was made to amend it "by increasing the number of examiners," but the amendment was lost. The association has been co-operating with the State Federation of Women's Clubs in almshouse reform; it has taken an active part in the work of social hygiene and tuberculosis. At Christmas time, the nurses disposed of nearly 600,000 Red Cross stamps. A free bed for nurses affected with tuberculosis in the curable stages of the disease has recently been established at the Edward Sanatorium, Naperville, Ill., a department of the Chicago Tuberculosis Institute. A fund is also being raised for the erection of a shack for tubercular nurses from any state. It is estimated that \$10,000 are necessary to put the project on a sound financial basis. Two thousand dollars have been secured by gifts from nurses, and it is hoped that the remainder may be raised by the sale of a postcard, which is a reproduction of a portrait etching of Florence Nightingale.

INDIANA has 1000 registered nurses. The Legislative Committee was advised that an amendment was to be presented by politicians to "have the State Board of Examiners made a part of the State Board of Health," and immediately the nurses circulated petitions asking that the law as it stands be continued. Since

then, the opposition seems to have disappeared. The association is anxious for an amendment to insert a reciprocity clause. The principal work for the year has been in getting all nurses to register. One of the members of the Board of Examiners is acting as inspector of training schools.

IOWA has a membership of 400, 69 new members added during the year, and none dropped out or resigned; the only state association holding such a record. Nine hundred and sixty-nine nurses have registered, and no amendments are considered necessary at present. The association has been instrumental in establishing visiting nurse work in one of the cities, and several associations have been organized through the state for this same purpose. There was \$56.50 contributed to the purchase fund of the AMERICAN JOURNAL OF NURSING, and \$21.88 to the tuberculosis scholarship at Columbia University.

MICHIGAN.—The law for registering nurses is in operation and 130 nurses registered, with a large number of applications pending, but the fact still remains that the nurse, appointed on the Board of Examiners, who was not eligible for office, refused to withdraw, which has necessitated legal proceedings against her, and comes before the Supreme Court in June. Ninety-four new members have been added since the last report, and 78 dropped for non-payment of dues, leaving a membership of 400.

MINNESOTA has been working hard to bring about affiliation of state, county and alumnae associations, with a view to reducing the membership fees.

NEW YORK.—The efforts of the association have been directed toward reorganization, but upon just what basis is not stated. There has been no open opposition to the law governing the registration of nurses, but there is some suspicion that amendments are brewing from commercial schools. The association is affiliated, as a body, with the National Red Cross. Central Registries was one of the subjects much discussed at the last annual meeting, and the imperative need of one in New York, and the latest report is that the New York County Association has decided to establish one, and final plans are under consideration.

NEW JERSEY, with a membership of 132, is suffering from a lack of interest amongst its members, but the officers have been making every effort to increase the membership by organizing county associations. It is federated with the State Federation of Women's Clubs, and co-operating with it in its objects, one of them being "Nursing in Almshouses."

NEBRASKA, with 162 members, secured the passage of a bill for registration in March, 1909, but is not satisfied with the clause on requirements, and hopes to amend it. The bill provides that the State Board of Health shall govern the Board of Examiners, it also is given the power to determine the requirements of applicants, but further states "that the nurses acting on the Board shall assist and advise the State Board of Health in the performance of its duties as prescribed in the Act." With no provision made for an inspector of training schools, the members of the Examining Board are endeavoring to instruct or advise those in charge of training schools to work for higher standards. The association disposed of 169,000 Red Cross stamps at Christmas, and also contributed \$50.00 to the purchase fund of the AMERICAN JOURNAL OF NURSING.

OHIO had no special work to report, as no annual meeting was held.

OREGON has a membership of 84, and is working hard to stir up interest and enthusiasm amongst its members. The question of establishing a central directory is the most important one under consideration.



OKLAHOMA, still in its infancy, secured the passage of the bill for registration for nurses, but no mention is made as to whether the law is in operation or not. The program of its annual meeting is evidence that the nurses are interested in all progressive movements of the profession.

PENNSYLVANIA.—The bill for registration passed on May 1, 1909, and the law is in operation, but is being opposed by the so-called National Board of Regents and the correspondence schools. It is hoped that an inspector of training schools may be appointed this year. The principal work of the association has been in connection with the bill for registration. A monthly bulletin is published.

TEXAS.—The law governing the registration of nurses is in operation, but is being opposed by graduate nurses and non-graduates, the reason given is that they cannot see what benefit it is going to be to them personally, and think it a state graft; 221 graduates have registered in spite of this. The association is working hard to increase its membership, besides agitating the establishing of a visiting nurse for tuberculous patients in different towns throughout the state.

VIRGINIA is doing good work—717 nurses registered. Opposition to the law has been threatened, but owing to the foresight and knowledge of the president of the association (Miss Cabaniss) they have, so far, escaped the pitfall of the courts and opposition of the politicians. Ever since the law has been in operation, the Board of Examiners has kept in touch with the training schools by members visiting them. The principal objects of work for the year have been the establishment of a sick benefit fund for nurses, soliciting subscriptions for the Hospital Economics endowment and for the purchase fund of the *AMERICAN JOURNAL OF NURSING*, also helping one of its members who has become blind.

WASHINGTON, 400 strong and full of enthusiasm and energy, is accomplishing much. The law governing registration is in operation and so far has had no opposition. An inspector of training schools, or state superintendent as it is designated, has been appointed. A fund for the building of a cottage for nurses suffering from tuberculosis has been raised, and the cottage is located at the Riverton Sanitarium and ready for occupancy, the amount for building and equipment being \$500.00.

#### *Report of County and City Associations Affiliated*

ALAMEDA COUNTY GRADUATE NURSES' ASSOCIATION holds monthly meetings at its clubhouse, combining a social hour with the business. A central directory for nurses is conducted under the supervision of the association and well established. A very marked increase in the membership is noted since the registration law went into effect. A course in parliamentary law was given during the winter, also talks on Nursing in China, by Dr. Caroline Merwin, a medical missionary, another on the Anti-Tuberculosis Movement.

GRADUATE NURSES' ASSOCIATION OF CLEVELAND holds monthly meetings and a social meeting is held twice a year. The central directory for nurses, established by the association in January, 1904, is in charge of a graduate nurse who has an assistant for four hours daily, and is in a flourishing condition. A yearly contribution is made to the Visiting Nurse Association of Cleveland, and last year a small contribution to the purchase fund of the *AMERICAN JOURNAL*

OF NURSING. The association is affiliated with the American Society for the Prevention of Tuberculosis.

REGISTERED NURSES' ASSOCIATION OF DES MOINES has been instrumental in establishing a visiting nurse association, and furnishes a supply closet for the same, also has a representative on the Committee of Boys' Club for the education of newsboys. A central directory is in operation and is to be put in charge of a graduate nurse this year.

HENNEPIN COUNTY GRADUATE NURSES' ASSOCIATION, MINNEAPOLIS, took the initiative in entertaining the Nurses' Associated Alumnae last year in Minneapolis, which none will forget who were fortunate in being there. The association conducts one of the best central registers for nurses in the country, as Dr. Marion Mead, who is in charge of it and is with us, has told you. A course in parliamentary law was given for the members during the winter.

THE GRADUATE NURSES' ASSOCIATION OF INDIANAPOLIS has changed its name to "The Marion County Graduate Nurses' Association," and has been most active in settlement work and pure milk commission and is at present much interested in the agitation for almshouse nursing and school nursing. Each member contributes two weeks' service annually to charity work. The association is federated with the Federation of Women's Clubs; it has a central directory in charge of a graduate nurse. Contributions have been made to the Pure Milk Commission of Indianapolis and to the salary of the chief probation officer of the Juvenile Court. Subscriptions to the purchase fund of the AMERICAN JOURNAL OF NURSING were made by individual members.

JEFFERSON COUNTY GRADUATE NURSES' CLUB OF LOUISVILLE, KY., is conducting a very successful central directory for nurses in charge of a graduate nurse. A course of lectures was given including "Sanitation" by Rev. Caroline Bartlett Crane. A course in parliamentary law was a part of the program for the winter.

KING COUNTY GRADUATE NURSES' ASSOCIATION OF SEATTLE has the distinction of being the first county association to become affiliated, and has a membership of 175, ninety of whom have been added inside of a year. Its central directory for nurses has been established for six years with a graduate nurse in charge and been most successful. Steps have been taken toward the erection of a clubhouse. The association is largely responsible for the amount raised to build the cottage for tuberculous nurses. It has established a sick benefit fund for nurses, contributed \$80 to Parental Home for Girls, and is soliciting subscriptions for the purchase fund of the AMERICAN JOURNAL OF NURSING. It is affiliated with Federation of Women's Clubs.

LOS ANGELES COUNTY GRADUATE NURSES' ASSOCIATION, with a membership of 185, is conducting a central directory for nurses, which has covered all expenses in connection with it, since its establishment. The association is endeavoring to endow a bed at Barlow Sanitarium. Another of its objects last year was the enrolment of nurses for Red Cross service. It has contributed \$100.00 to the purchase fund of the AMERICAN JOURNAL OF NURSING, and \$40.00 to the Society for the Prevention of Tuberculosis.

MONROE COUNTY GRADUATE NURSES' ASSOCIATION OF ROCHESTER, N. Y., gave a course of lectures on home nursing to members of a Jewish Girls' Club and the Women's Civic Club. The program for the year included papers on Red Cross work, psychotherapy, modern methods in care of the insane, and central

directories for nurses. The sum of \$25.00 was contributed to the purchase fund of the AMERICAN JOURNAL OF NURSING.

SAN FRANCISCO COUNTY GRADUATE NURSES' ASSOCIATION, with a membership of 606, probably the largest county association in the country, gave a course of lectures on home nursing to factory women and to the Young Women's Christian Association. The central directory for nurses, established four years ago, with headquarters at the clubhouse, and in charge of a graduate nurse, is the principal object of work. The sum of \$150.00 was contributed to the purchase fund of the AMERICAN JOURNAL OF NURSING, and \$37.00 to the Milk Improvement Association.

SPOKANE COUNTY GRADUATE NURSES' ASSOCIATION OF SPOKANE is conducting a successful central directory for nurses. The sum of \$100.00 was contributed for the building of a cottage for nurses afflicted with tuberculosis and \$50.00 to the purchase fund of the AMERICAN JOURNAL OF NURSING. The members give their assistance to the visiting nurses when off cases and when called upon to do so.

GRAND FORKS GRADUATE NURSES' ASSOCIATION OF GRAND FORKS, N. D.—The "faithful few" in Grand Forks are making a brave fight for higher standards in nursing, and are receiving the support of the physicians in their effort. This association is the only nurses' organization in North Dakota, but the secretary reports that they are in communication with nurses in other cities regarding state organization, and feels confident they will accomplish it in time. It is estimated that there are over 300 nurses in the state, but the difficulty is in reaching them. Another year will undoubtedly find North Dakota enrolled on our list of state associations, through the efforts of the Grand Forks Graduate Nurses' Association.

WAYNE COUNTY GRADUATE NURSES' ASSOCIATION OF DETROIT held a series of lectures including "The Prevention of Infant Mortality," given by the health officer; "The Principles Underlying Co-operation in Social Service Work," by the secretary of the Associated Charities; "The Work of the Red Cross," and several papers on the work of the private duty nurse. The central directory for nurses is under the auspices of the association, having been established two years ago, and is in charge of a graduate nurse. The association netted the sum of \$203.00 from a dancing party, but it has not been decided "officially" for what purpose this is to be used, although many favor using it as a nucleus for a fund to provide nursing care for people not able to pay for the services of a graduate nurse.

SUMMARY.—California, Oregon, and Washington State Associations include the *Pacific Coast Journal of Nursing* in dues.

Wisconsin is the only state to organize since last year, and is the first state association to include the AMERICAN JOURNAL OF NURSING in its dues.

Of the 34 states organized, 31 are affiliated. Letters from North Dakota and Utah indicate that some spirit is waking up to the need for organization in these states.

Since the first report of inter-state work given in 1906, the state associations affiliated have increased from 14 to 31; county and city associations affiliated, 19.

Out of the thirteen county and city associations, eleven are conducting central directories for nurses. The total amount contributed for professional, educational, and philanthropic purposes is reported as \$2375.00, which includes

only a very small part of what has been contributed towards the purchase fund of the AMERICAN JOURNAL OF NURSING.

The subjects most widely discussed at the meetings of the associations were tuberculosis in all its phases, almshouse nursing, Red Cross work, central directories, moral hygiene, state registration, district nursing, school nursing, social service work, the nurse in relation to public health, nursing of the insane.

From 1906, when the office of inter-state secretary was created, to 1910 the membership by association has increased from 122 societies, representing 8500 nurses, to 182 representing 14,997 nurses.

The inter-state secretary is indebted to the thoughtful members who have contributed from time to time copies of *The Courier*, *Illinois Quarterly*, and *Visiting Nurse Quarterly of Cleveland*, which have been a helpful source of reference, and all of which are gratefully acknowledged.

Respectfully submitted,

AGNES G. DEANS, Inter-State Secretary.

THE PRESIDENT.—This seems a fitting time to announce a pleasant piece of news. The directors of the AMERICAN JOURNAL OF NURSING had a meeting last night and they convey to this association their willingness to contribute three hundred dollars toward the expenses of the inter-state secretary. A friend of mine happened to be in the audience yesterday, just to see what the meeting was like. I did not know he was here, but he happened to be here when the appeal was made for an inter-state secretary; and he said to me after it was all over, "Perfectly splendid! I will pay for the salary of the inter-state secretary." But I said, "No, not at all. This is nurses' work. We do not accept outside contributions, but if I find any difficulty in making good with the Red Cross I will call on you for its share." So I think we are now quite sure of the money for our inter-state secretary. I will now call for the Report on District Nursing, which will be read by Miss Sly, as Miss Lent, the chairman, is unavoidably absent.

#### REPORT OF THE COMMITTEE ON VISITING NURSING

The object of this committee was to make a special study of district nursing, and to keep in touch with its advancement and development throughout the country. We were also to note any literature having any bearing on this subject, and to record for reference where such articles might be found. As far as literature goes, Miss Waters' splendid book on Visiting Nursing stands alone, the most valuable reference book that we shall have for many years. It is needless to say that the AMERICAN JOURNAL OF NURSING constantly contains articles relating to various aspects of district work, to say nothing of the special department of Visiting Nursing. *The Visiting Nurse Quarterly*, of Cleveland, is not confined to local issues alone, but is a comprehensive journal for the discussion of the various problems relating to the visiting nurse and her work. There are similar articles in the *Nurses' Journal of the Pacific Coast*, so that as far as literature goes, we have constantly before us articles containing the newest ideas and increasing scope of all such activities.

In reading over the reports sent in by the various members of this committee, the chairman was impressed by the enlargement and development of district nursing throughout the country. Either new associations were organized



(often with but a single nurse), or else the force of the older associations was increased, in order to meet the growing demands of the work. From Minnesota comes the report that seven small towns either have or are about to have a visiting nurse, to say nothing of the great activities of the nursing associations of St. Paul and Minneapolis. We have nurses of all kinds—in general work, in specialties, such as obstetrics and tuberculosis; nurses in schools, playgrounds, milk dispensaries, and in work connected with babies and young children; nurses in charge of day camps and convalescent summer homes. The number of new associations and the volume of work done by the older ones, leads one to think that surely no other form of social activity can be making such a demand on public sympathy as is district nursing in all its branches. This tremendous increase leads one to stop and analyze this condition, to see what it means and where it is leading.

When district work was begun in this country thirty odd years ago, it was solely for the purpose of giving nursing care to the sick poor. To dress a wound, to care for a chronic heart case, to bathe and make comfortable an ill patient—such was the conception of the nurse's duties, and the appeal to the charitably disposed was made solely on this ground. The nurse brought relief to sufferers under intolerable living conditions, and it took great tact and ingenuity to obtain even the scantest results under the circumstances. These intolerable conditions were accepted as a matter of course, and the work was done without any object of improving conditions, but simply to bring to the patient such relief as his circumstances would permit. Much of the work done to-day is of necessity still of this kind.

The second stage in district nursing then came, and we worked for and talked about prevention. The nurse was the great educator and protecting agent. We pictured her as able to hold back vast epidemics of typhoid, to save the lives of thousands of babies; she taught the value of baths, fresh air, nourishing food, and was the dispenser of moral and uplifting ideas in general, all under these same intolerable living conditions, but tending in some vague way to improve them, not in the removal of these conditions, mind you, but directed to the individual as an individual, by which teaching he was enabled to survive longer under the same killing environment. It is true that a great amount of good has come of this preventive work, but to teach people to boil their drinking water and so avoid typhoid fever is a placid acceptance of a contaminated water supply.

We have now arrived at the third stage—some of us at least, those of us who have been in the work longest and are willing to face the truth. At best, we are but Red Cross nurses on the field of battle. As such, there is no doubt that we are extremely useful, but we must not delude ourselves by thinking that we amount to much more. In ourselves, we do not stop the battle.

For years we have been giving temporary relief in the way of skilled nursing care, under conditions that deprived it of three-quarters of its value. We have also been trying to teach underpaid, overworked, underfed, wretched, human beings how to live more hygienic lives. We have preached sunlight and air to people living in cellars and tenements; we have talked of nourishing food to the starving; we have preached the beauty of cleanliness to those without the strength or the incentive to be clean; we have nursed back and preached back, not to health, but to a continuance of life, shattered, enfeebled, degenerate

constitutions that are too weary to fight longer against the circumstances that have made them what they are. A nurse is employed in a mill town by a philanthropist to care for his employes. A man loses a finger. The nurse dresses the wound. When he is able, he goes back to the machine that maimed him, only to lose another finger in a machine that he cannot control. In the last analysis, that is what our work amounts to to-day.

But the awakening has come at last. Our eyes are now open to the facts. We can no longer continue to dole out surface relief and believe that it stands for anything more radical. While we have been nursing the poor, while we have in some measure been able to mitigate their condition, the conditions beyond our control have grown worse and worse. The amount of new nursing associations is a direct response to the increasing hardship of living conditions—the district nurse and the charity organization are the philanthropist's recognition of them. It is for us, who are in the thick of the fight, to tell him that we will not do. We are palliative agents, but the conditions of to-day do not call for palliative treatment.

I would not in any way seek to diminish the value of the nurse to the community. It will be many years before society is so reconstructed that our services will not be needed. I would like to call your attention to what I consider, however, the most valuable work of the nurse to-day. That is—her ability to collect *facts* and to present them to the public. There are other investigators who are more familiar than nurses with conditions in certain phases of life—factory conditions, steorage conditions, the environment of certain trades and occupations, but there are no agents more familiar than nurses with the *homes* of the people. It is in the home that we find the *results* of other conditions—everything is reflected back into the home. As workers, we have wonderful opportunities to collect the facts relating to the home life of the people, and we must present these facts—forceful, terrible truths, in such an array and in such numbers that they can neither be contradicted nor ignored. These facts must be collected by the actual workers in the thick of the fight—women who have labored untiringly and unceasingly for years, not for a period of a few weeks or months, but for a period long enough to have won the confidence of the community in which they live. The community will recognize that such a woman is neither a faddist nor an idealist, but will know that by reason of her long service she is one who loves her fellow-beings. While we are still willing to work on under difficulties that only a strong heart and a clear vision can survive, and to continue to give as heretofore such first-aid service as we can, we must realize that this is not the end of our work. I cannot think that we are only to remain Red Cross nurses. I feel that it is our mission to present to the public the conditions which demand our services and then defeat our efforts. It can only be through facts as we know them and truths as we tell them that these conditions may be radically dealt with.

MARY E. LENT, Chairman.

#### REPORT OF PUBLIC HEALTH COMMITTEE

MADAM PRESIDENT: I regret to have to report a chairman so inactive that this committee has not been able to do the work the other members were ready and anxious to do. That anything has been done is due to the initiative of

Dr. Hedger and Miss Dock. Dr. Hedger sent copies of the following circular to all the state associations and their replies constitute my report.

The circular is as follows:

"DEAR MADAM: You probably know the resolutions passed at the meeting last June concerning venereal prophylaxis. Have you established a committee in your state in accordance with that resolution? Are they working and in what lines? The lines covered were: Ascertaining and reporting on existing laws and their enforcement; reading and recommending reading for the protection of nurses; reading for the teaching of children; making and recommending courses for training schools; establishing similar committees in alumnae associations."

Eight replies have been received, three telling what has been done, two expressing a desire to begin work along the lines designated in the near future, and three reporting no work at all.

*Michigan* made arrangements to have an address on venereal prophylaxis in 1909, but the speaker was unable to attend. This year Dr. Hedger has consented to speak at their meeting in June. At that time a committee will be appointed to work in the state.

*Minnesota* has no committee at work, but the Ramsey and Hennepin County Societies have considered the subject at some of their monthly meetings and have had addresses made on the subject. The state association at its semi-annual meeting in April was addressed by Dr. Mabel Ulrich on the part nurses can take in the fight against the black plague. There has been no work done in the public schools, but the Women's Federation in St. Paul and Minneapolis seems to be alive to the importance of this subject and is working and teaching in many directions.

*West Virginia*.—Mrs. Lounsbury, president of the state association, devoted a large part of her annual address to the association to this subject, instructing nurses as to their duty in teaching mothers how to teach their sons and daughters. She has since spoken along the same lines to the graduate nurses of Kanawha County. She is working in the Charleston public schools this winter and is giving a series of talks in the school buildings to the mothers of the children. She delivered about eleven of these lectures to audiences varying from 16 to 95. In these lectures she spoke of the dangers of self-abuse and the instructions mothers should give their children. She also spoke of the terrible increase in immorality and how carefully boys should be taught its dangers. In two of the schools she gave talks to the boys themselves and also to the teachers of all the public schools. Charleston is fortunate enough to have a superintendent of schools who is anxious to do all he can to help in this work.

*Oklahoma* reports no work done yet, but seems anxious to keep in touch with the committee and to be instructed how to begin.

*Texas* reports very little done, but the president, Mrs. F. M. Beatty, is going to put the matter before the state association at its spring meeting. One of their difficulties is that nurses are not recognized in Texas as they are in the east and west and they have to be very careful how they proceed.

*California, Nebraska, and North Carolina* report nothing done this year, but all express the hope that another year will be more productive.

Miss Dock prepared and sent out the following letter:

*"To the Superintendent of the Training School or Hospital.*

"DEAR MADAM: In pursuance of a resolution passed at the Minneapolis meeting in June, 1909, recommending fuller instructions in venereal diseases, their origin, modes of transmission, and general as well as individual prophylaxis for nurses in course of training, the committee appointed for this duty begs to ask you whether you will consider inviting some thoroughly equipped physician, preferably a woman (as women seem to understand best how to instruct nurses on this subject), to initiate such teaching in your school, and also begs to inquire whether you would like to receive lists of suitable educational literature on moral prophylaxis."

The lists of literature referred to were compiled by Dr. Hedger, and Miss Dock undertook the work of having copies mimeographed and sent as wanted. Three hundred sets were made, and many of them were called for in answer to the letter to the superintendents. Many alumnae associations also called for lists. Remaining sets have been placed on the literature stand at these meetings and distributed.

In her capacity as international secretary, Miss Dock has also written letters to the countries in membership in the International Council of Nurses asking for committees and propaganda work in pursuance of the resolutions passed at the London Congress. The American Federation, having already undertaken the propaganda, received a copy of this circular letter as information only.

Respectfully,

SARAH T. COLVIN, Chairman.

#### REPORT OF THE TUBERCULOSIS COMMITTEE

MADAM PRESIDENT: To obtain the material presented in this report questionnaires were sent to thirty-three state associations and to seven other states, through addresses obtained from the Visiting Nursing Directory of the U. S.; twenty-eight replies being received. Of these, three were from state associations but recently organized; three from states too interested in obtaining registration to permit any side issues; one association reported that the work was so well organized that the nurses' co-operation was not necessary, and two associations received, but lost, the questionnaires.

Of the remaining nineteen, eleven state associations were interested in the tuberculosis campaign and showed their interest chiefly by talks and lectures on the subject. Illinois, Michigan, and Maryland had done particularly good work along these and other lines. Questions relating to the different groups of nurses engaged in sanatoria, hospitals for advanced cases, and in visiting tuberculosis nursing were, for the most part, so inadequately and variously answered that the questions were obviously poor ones. The answers may also imply that state associations don't always know what their members are doing, but for this year the committee will bear the brunt of the criticism. It is to be hoped that neither offense will be repeated.

Sixteen states reported graduate nurses working in sanatoria; fifteen states reported graduate nurses working in hospitals for advanced cases, though in most of these the actual nursing was done by attendants; fifteen states reported visiting tuberculosis nurses supported by state, municipal, or private funds. Seventeen associations reported members as personally interested in the tuber-



culosis work, Louisiana Association belonging in a body to the State Anti-Tuberculosis Society, and Maryland paying \$10.00 annually to the State Anti-Tuberculosis Association. Seven associations reported that members were officers in state and local anti-tuberculosis societies. Six associations reported special committees to co-operate with these societies. Six associations reported committees to investigate care of tuberculous poor in almshouses; in two states this was not considered necessary.

As to provisions for nurses who may have developed tuberculosis, Oregon has built a shack, Illinois is raising money to do so; a local organization in Los Angeles supports one bed, and Colorado and Ohio have considered so doing. In Indiana one nurse, who became ill, was cared for by her own alumnae.

Very unsatisfactory answers were given to questions relating to interest shown by local associations. In only three states were school alumnae showing special interest, although in many associations rather more interest has been evinced since the National Tuberculosis Congress in 1908.

To the question "Do the graduate nurses refuse calls to tuberculous patients and why?" Seven states reported "No"; one state reported "No, when registered for it"; six states reported "Some," giving reason as "Phthisiophobia"; four states reported "Occasionally," because of predisposition, monotony of work, or hopelessness and loathsomeness of case; another association blamed the attending physicians, first, because they themselves were afraid of the disease, and secondly, because they did not instruct their patients properly; consequently "the nurses can hardly be censured for refusing such patients," the report naively read.

No satisfactory replies were received as to the training, theoretical and practical, given pupil nurses. Six states reported, but with reservations, that pupils got some training in tuberculosis work. One school loaned its nurses to an anti-tuberculosis association for their district training and in several large county and city hospitals nurses got some tuberculosis work.

Eight suggestions—all good ones—were received in response to the last question "What line of action would you suggest to arouse a keener interest in tuberculosis work?" The fundamental one was voiced by two associations, which advocated more theory and some practice among tuberculous patients as a part of the training of every nurse. Another association suggested that the nurse, as an individual, be aroused to the fact that it is her duty and special privilege to help combat this disease, as by her training she is especially fitted to teach, in a practical way, hygiene and dietetics wherever she may be; that she should make it a point to become interested in the building and health laws of the city in which she lives. Several associations suggested more co-operation with state anti-tuberculosis associations. In addition to the above suggestions, your committee would advise that each association, school or state, devote at least one meeting, annually, to the discussion of tuberculosis work from all points of view—therapeutic, nursing, social, economic, etc.

EDNA L. FOLEY, Chairman.

THE PRESIDENT.—This is a subject in which we are all interested, and there is one point in regard to the tuberculosis work to which I would like to call your attention. This last winter I made a trip, as many of you know, through the west, and I discovered something which I had not known before, and that was the great prevalence of tuberculosis among nurses. It seems to me that in the

future, some time, we should take this matter up and consider what can be done. This report has shown to us what has been done in many cases, the building of shacks and various other undertakings, but Mrs. Tice is too modest to say what the Chicago nurses have done with their postal card. Many of you have seen it.

I want to offer one little suggestion, in regard to the sale of the Red Cross Christmas stamp. Nurses have sold a great many of those stamps throughout the country, we all know that. Last year in Colorado we talked this matter over with the chairman of the Tuberculosis Committee, and we felt very strongly that the nurses should share in the profits of the sale of the tuberculosis stamps. If you are in a locality where they sell stamps next Christmas, I advise you before you begin to co-operate to ask that a certain proportion of the profits of the sale come to the nurses. Ask for it. It can do no harm, and it may actually be allowed. Denver did get it, but I do not know how much it amounted to. There may be some one here from Denver who can tell us whether it was worth trying.

MISS LOUISE PERRIN.—We were allowed 10 per cent. on all we sold.

THE PRESIDENT.—Well, 10 per cent. is better than nothing. I offer that merely as a suggestion.

MISS SEIDENSTICKER.—I would like to say that the Tuberculosis Institute of Chicago gave the nurses a free bed in the sanatorium at Naperville in recognition of their assistance in selling Red Cross stamps.

MISS NOYES.—May I ask a question? I would like to ask if any of the superintendents of training schools have had any requests to allow their pupil nurses to affiliate, or at least the schools to affiliate, with state sanatoriums or local sanatoriums for the training of nurses, and whether they would consider that the least bit desirable, and in itself a part of the course of training. I must have had three requests, one from a state sanatorium and two from local sanatoriums, asking me to allow affiliation, that is, to allow our pupils to work in these sanatoriums. I, myself, feel that it may be a question of economy in those institutions; not that they feel that it is desirable for training, but they must have their nursing done and it would be cheaper in that way, and I would like to know how other superintendents feel about that matter.

MISS LOBMIS.—We have a shack on the state sanatorium ground and accommodations for two patients. We have over two hundred dollars for a fund for those who are not able to pay for themselves. We have the use of a cottage and they charge only ten dollars a week for the nurse who is occupying it. She has the privilege of working, when she can, to help pay that ten dollars. When the cottage is not in use by a nurse, they charge forty dollars a week for it, and we have the best cottage on the grounds, the best location, and most desirable of all; it is equipped by the Public Health Committee from Washington. They have done considerable work down there, especially of a certain kind. We had one lecture on venereal prophylaxis by one of their physicians. We had ten or twelve lectures which took up every phase of the subject. I think they are a good thing.

THE PRESIDENT.—This is very interesting, but the question Miss Noyes desires to have answered is, whether training schools are asked to affiliate with these sanatoriums?

MISS JOHNSON.—The California Hospital Training School is affiliated with a sanatorium. I think they have there about thirty or forty beds and they send

their nurses there for training, and the nurses enjoy it very much and consider it very successful. They have been doing it for about a year, maybe not quite so long as that.

Miss SHARP.—May I ask how long the nurses are allowed to say?

Miss JOHNSON.—Two months.

Mrs. LOUNSBERY.—This is a little different, still it is tuberculosis work and perhaps it may be a suggestion whereby other nurses can assist in this work. The nurses of one West Virginia County have supplied our local tuberculosis nurses with bed linen, night-gowns, and blankets, so that she has a linen closet for use among those patients. They use the linen and return it clean. We keep that closet filled ready for use. We have found that it was almost impossible for the nurses to leave their work and do tuberculosis nursing, but we tried to help in that way, to keep the visiting nurses supplied with the things that she needs. I thought this might be a suggestion.

Miss GARDNER.—I would like to know if it is customary for pupil nurses to be excused from nursing a tubercular patient, where there is a pavilion connected with the hospital, additional, and entirely supported for that purpose? In Orange the pupils are excused. It is not compulsory for them to take the training, and I wish to ask if that is customary anywhere else in the country.

Miss MCCOY.—In the Jewish, of Philadelphia, we have quite a large tubercular ward and the nurses are not excused; they are compelled to take that training the same as everything else.

Mrs. TICE.—It does seem to me a great pity to excuse the nurses from this training, because there is a great tendency toward phthisiophobia. Nurses are afraid, and now we will have to teach them not to be afraid. The result is that patients are suffering and the doctors and nurses are afraid of them; if they go at it properly there is no reason why they should contract the disease, and I think it is a pity that they should be excused from that sort of training.

Miss O'HALLORAN.—In the state of Pennsylvania there is a great demand for graduate nurses in this tubercular work. We have a dispensary conducted by the state in each county, and in some counties from three to eight, or as many as are required to carry on the work. In a number of counties we have nurses who are unpaid, untrained, or who have been attendants in sanatoria, who had no previous experience or training along these lines, and they are conducting this work which should be conducted by graduate nurses. We teach our pupils the value of nursing of this kind, and, when there is demand for them, nurses are not afraid to meet this call. Now this is a campaign, a warfare, being carried on against this dreadful disease, and yet it seems to me we do not have nurses who will come forward and answer this call; and there is absolutely no danger of contagion if the nurse is careful and conscientious herself and careful in her treatment of the patient. How can we expect patients to be careful and conscientious and to avoid being a menace to the community unless they are instructed? How can they be instructed unless they have proper people in charge? When a state has interested itself to the extent of carrying on a campaign, as they have in a great many of our states, I think that it reflects discredit upon our graduates and registered nurses to fall in arrears because they are afraid of a contagion which is not necessarily contagious.

Miss HELEN KELLY.—I would like to say for the benefit of those nurses who have phthisiophobia, that the head nurse in our tuberculosis department

(Milwaukee County Hospital) for the past two years is in such a very good physical condition that she passed the army examination; and I would also like to say that I have been three months trying to find somebody to take her place.

MISS PINDELL.—I have been asked to speak for the Metropolitan Hospital, New York City. During these years we have tried very hard to get the pupil nurses interested to take care of tubercular patients, because they were afraid. I have positive evidence that nurses were not entering the school on account of the tubercular work, and because the census of the hospital increased to such an extent that it was absolutely necessary, and because we could not get graduates, we had to employ non-graduates or experienced nurses; they were paid twenty-five dollars a month, and some have since had a slight increase in salary. But we knew positively that the pupil nurses were afraid and would not enter the school on account of that work, so if anything can be said to impress the women on the line of having the service it would be a splendid thing. From the point of health I have noticed that the women who were taking care of tubercular patients looked very much better than those who were working in the general wards of the hospital, and I think it was on account of their having so much fresh air.

MRS. FOURNIER.—We called yesterday a meeting of some of those interested in the tuberculosis work, with the idea of finding out what things we would like to put before this convention. The one thing that we felt most anxious to refer to the delegates was the fact that we should like to overcome this fear of tuberculosis, and the only thing that can do that is knowledge. Ignorance is superstition, and superstition promotes fear in tuberculosis. We who are interested in the tuberculosis campaign realize fully that there is absolutely no need of fear when we understand. We are not afraid of typhoid fever, and yet it is very much harder to control than is the infection of tuberculosis.

Now will every delegate, no matter how little at present you are interested in this subject, when you go home to your several superintendents of training schools who are not here to-day, let them know that we are anxious that some knowledge be disseminated, through whatever source it may be in your power to use, so that next year we may come here having gained much knowledge in tubercular work? When I say that statistics are giving as high as 98 per cent. of tuberculosis it is time we were at it.

MISS NOYES.—My question has been answered. I think it is very desirable to have my pupil nurses or any other nurses go to state sanatoriums and learn something about tuberculosis.

#### REPORT OF PROGRESS MADE IN TRAINING SCHOOLS CONNECTED WITH STATE HOSPITALS FOR THE INSANE

The progress made in these schools within the past decade has of necessity been slow, but each year has marked decided steps of advancement. Ten years ago many of the schools were without superintendents of nurses, all instruction being given by the medical staff of the hospital, and for text-books only Wise, Volumes I and II, would be found, and these were considered quite sufficient for one in all class instruction if, indeed, such instruction was considered necessary. In some schools nurses were not required to buy text-books at all,



but could borrow from the medical library of the hospital these two books if they cared to consult text-books. There were yearly examinations to be sure, but these were not at all severe and poor indeed was the nurse who was unable to pass them. Naturally, the class of young women applying for and gaining admission to these schools was not the same as that found to-day, nor did it compare favorably with the class of applicants seeking admission into training schools in general hospitals. The class of young women usually found in the state hospital schools was of the servant order (there were of course exceptions), who had been attracted by the remuneration given, the absence of the drudgery of general housework, and the more freedom when off duty.

The schools were often only such in name. The securing of graduate nurses for superintendents of the schools marked the first real important step in advance. These, moreover, succeeded in bringing about changes. First, the text-books and curriculum of the schools was changed to conform, in part at least, to those of the general hospital training schools. In some instances these changes were easily accomplished, while in others it proved a very difficult task. Lectures by the medical staff had, from the organization of the schools, been a part of the education of the nurses, but in many schools no notes were required and class instruction, demonstrations, bedside instruction, or cooking had never been considered necessary, and were not a part of the teaching given. Class attendance, with the purchasing of necessary text-books, was distasteful to the pupil nurses then in the schools. They had not gone to the hospital to study nor did they care to learn, but when examinations became more frequent and nurses not obtaining a certain standard were dropped, a very marked change was noticed. Pride came to the rescue, and pupils applied themselves to their marks and studies in earnest. With the changed conditions of the schools came a better class of applicants and another step in the right direction had been taken never to be retraced.

In the early years of this class of schools the nurses occupied rooms off the wards in which they worked by day, but soon with other changes came the building of nurses' rooms separate from the hospital buildings, and to-day we will find in connection with nearly all state hospitals, comfortable, convenient rooms for nurses. This particular change for the better brought a better class of applicants and when, in addition to the other changes mentioned, came shorter hours of duty, all concerned felt that much had been accomplished though the advance had been slow, and much had been accomplished toward raising the standard of this class of schools. The schools could now feel that their graduates could apply for and gain admission to post-graduate schools in our best hospitals, and many graduates have availed themselves of these advantages and have in most instances given good satisfaction. Those of us who have worked in this branch of nursing since this change has been taking place, and have felt depressed often at the slowness of the progress made, can look back over the past ten years with a certain degree of satisfaction that so much has been accomplished. To-day nearly all nurses graduating from schools connected with state hospitals look forward to a post-graduate course, and not a few enter some general hospital training school for a full three years' course. This class of schools is now and must always remain special in character until the time comes that an interchange of nurses between special and general hospital schools is deemed necessary to complete a nurse's training. The branch of nursing

taught in insane hospitals is most valuable, and will some day, I think, be considered necessary for all nurses. When this change comes all the advance of the past ten years will seem only stepping-stones to this grand and greatest step in advance.

SARA C. PARSONS, Chairman.

#### REPORT OF COMMITTEE ON PENSION FUND.

Miss M. E. P. DAVIS.—Several years ago, at the Richmond meeting, there was a committee appointed to look into insurance for nurses by nurses. After collecting data concerning life insurance and all kinds of life insurance, industrial, commercial, fraternal, benefit fund, life annuities, old age annuities, endowment policies, etc., we began to feel that we were tackling a mighty problem and few if any of us were equipped to grapple with it. So we concluded that it was not possible to write a report that could be given to this association in any kind of a condensed form to be understandable. We began to feel—I for one, and perhaps I am the only one, but maybe you will feel like that when I tell you—like the old lady who undertook to make a garment out of a sheet. She began with it to make a petticoat and she finished with a nightcap. Now whether we shall be able to make a nightcap out of this or not I have doubts in my own mind. We are here to answer questions concerning the pension fund, life insurance, old age annuities—anything.

Miss DOCK.—I would like to ask Miss Davis whether she inquired at all into the new system of savings bank insurance established in Massachusetts, which has been worked out by Mr. Brandeis in their savings banks system, by which all the middlemen's profits are entirely eliminated? It is the nearest thing we have in this country to state annuity work and private profits. The profits are private, and monopolistic ownership is entirely eliminated.

Miss DAVIS.—We have here the report of the Massachusetts savings bank insurance and pension fund system for all wage-earners. We have a representative from Massachusetts who will speak to us.

Miss NICHOLS.—This system has been in operation only about one year, and of course it is on trial; it is just a local thing in the state of Massachusetts, a state undertaking, and can only be used by the people of Massachusetts; but as it is working out it is doing well and I think is reaching the people who ought to be reached. Insurance is an expensive thing at the best and it is going to reduce that expense to a minimum. Those who are interested in it and have talked with the working people find that it is very hard to convince people that they need an annuity. Many favor the twenty-year endowment; but as yet the annuity is not looked on with much favor.

Miss McMILLAN.—May I ask what the Committee on the Pension Fund recommends for us to do?

Miss DAVIS.—I think I recommended you to have a new committee formed to tell you what to do.

It would be utterly impossible if you took all the good points out of the various data that we have collected to put it together in such shape as to make it understandable or intelligent, unless it was the work of a special committee for that purpose; and when we were appointed we were simply appointed as a committee to look into this, and, as I have said, we have done our duty, and when we get through with our report we will be free. There are other and younger women who ought to take this up.

MISS MCISAAC.—One statement that I would like to make is that the Massachusetts Savings Bank plan has been the cause of the reduction of the very large premiums upon industrial insurance; and any one who has looked into or knows anything practically about life insurance or endowment insurance for working people knows, and also knows from reports, that these insurance companies are immensely profitable for somebody, not usually the wage-earner, and that this new system in Massachusetts has taken away so many of the policyholders from the other insurance companies that they have been obliged to very largely reduce their premiums. The subject, as Miss Davis says, is a tremendous one, and we are not business people; and for nurses to undertake to institute any kind of an insurance or pension fund, managed by themselves, seems to all of us too great an undertaking. For us to recommend to the nurses what to do and how to do it we feel is too much for us. I think the thing that we all know that all wage-earners in this country need, is to begin very early the habits of thrift. When all of you have lived as long as Miss Davis and myself you will realize that the most tragic thing that we know anything about is the middle-aged and old nurse who has no resources in her old age. There is nothing in the world so terrible as that, and you cannot begin too early to guard against it.

#### ALMSHOUSE COMMITTEE REPORT

MADAM PRESIDENT AND MEMBERS: Previous to this winter, as former reports show, the almshouse committee has distributed the census blanks and printed material supplied by Mrs. Crane; has asked for standing committees of nurses to be formed in each state by the state associations; has reported that such committees were formed or promised; and has written to state presidents to explain that these committees are to be ready to work with Federations of Women's Clubs whenever these latter take up almshouse reform, and that, in the meantime, no work is laid out for them by your committee, but that each state is to do whatever it can, as seems best under its own circumstances. So much for introduction.

For the work of last winter, your committee has carried it on as follows: In verbal agreement at Minneapolis, it was arranged that Miss Dock should present the need of the almshouses to State Boards of Charities in every state where they exist, and that Mrs. Tice should bring the subject before tuberculosis associations with which she was already in relation as chairman of her own state work on that line. This has accordingly been done, ninety-five letters were written, and a number of replies have been received, though not as many as letters sent out. All the letters receive the suggestions cordially, and we may hope that our appeals have helped to stimulate action. Of the two sets of letters, those from the tuberculosis societies are the most warmly responsive, many of the others being mere formal acknowledgments. In the meantime, the committee has become directly and indirectly aware of much excellent practical work that is being begun or carried on in the direction of improving almshouse nursing, and it seems to your committee that it would be of more value to the members present to hear personally of such efforts, rather than to listen to a long written report. For this reason we are making this report short, and suggest that two or three minute statements from Mrs. Tice, of Illinois, Miss Bristol, of Iowa, Miss Sheetz, of North Carolina, Mrs. Stuhr, of Minnesota, Miss Pindell,

of New York, and others who have something definite to tell of almshouse pioneering be called for by the Chair. Your committee supposes that there may be others who can tell of something accomplished in almshouse nursing whose names are not in this brief list here given, and suggests that they rise from the floor to tell what they have done.

Respectfully submitted,

L. L. DOCK, Chairman.

Mrs. IDA M. TICE.—In Illinois the nurses and club women are thinking out this problem side by side. The philanthropists in almshouse work suggested that a committee be appointed to co-operate with the philanthropic committee. On its motion a list of nurses was submitted to the philanthropic committee, from which they selected nurses to make visits to the almshouses with club members. Occasionally we send private nurses in that particular locality, but in almost every instance the visit was made by local club women and graduate nurses; then they fill out the census blank and return it. We have 102 counties in the state. We took 59 last year, and of the 59, 37 returns came back, and of the 37 only 9 reported some care given to the inmates. They must realize the need for further work, for this year the Federation of Women's Clubs elected a graduate nurse as chairman of the philanthropic committee and put two other graduate nurses on the committee, so it is evident that the work of the nurses is appreciated. As trained nurses I feel that any one should give such assistance as she can to the work. This year we asked the co-operation of the county medical societies, and wrote a letter to every society in the state, asking that they take up this question at one of their meetings. I am frank to admit that I was just a little timid and doubtful as to what the doctors might think of our spirit of interfering with their practice, but I was astonished at the letters that came. We had a great many letters and they were all very favorable; and I think they have learned, as all classes of men have, that when they want anything done they look to the women to do it. We have, in Illinois, in every county what is known as the Charities Commission Auxiliary Board, and it is its business to inspect and report on all public institutions once a year to the Charities Commission at Springfield.

It is a very easy matter for us to say, "We have this committee of supervisors and what is the use of bothering about children and insane people who ought not to be in the almshouse?" but I assure you that there is work for us all to do. Some of the supervisors will do this thing that they are supposed to do and others will not. I leave it to you, when you find in one single almshouse twelve patients who died last year from tuberculosis and one more in the last stages, whether they are doing what they should do. Where we find little children in the almshouses and we have proper places for them, they are being put in the places provided for them. There is an individual responsibility and we should all share it. It is really astonishing how easy it is to get the work started. All these women want is practical suggestions, what you want and how to do it, and they are immediately busy all through the state.

We suggested that these almshouse committees, each local club, should investigate the conditions there, and supply those people with books, reading matter of large print, and many pictures, and supply them with work to do. These old ladies will always do something, if it is provided; and, if they can, teach the



men to do something, any simple handicraft, like weaving, basket-making; they could sew carpet rags if the rags were provided. We suggested that they encourage the old people to do this work, and then, perhaps, it could be accepted and sold at the Federation Clubs within the district, and the money that they earned in this way might go to purchase something for them. We suggested a graphophone, and this worked out very admirably. They are all very enthusiastic over it and it is very encouraging to have letters come in from different counties, one from Vermillion just before I left, saying next Sunday special collections will be taken up in all Sunday-schools in Vermillion County to purchase graphophone records.

Then another word, our club women are around collecting silk patches for the old ladies to make patchwork quilts, and they are as busy as they can be. In furthering the work we suggested that they meet occasionally with the supervisors and with the Charities Commission and Auxiliary Board; because in most cases these men were neighbors of theirs, of the local club women, and after a time they will want resident nurses. That is the thing we are working for, eventually, a resident nurse in the almshouse. But in the meantime we have tried to encourage the co-operation of the superintendents of training schools throughout the state. We wish they may send two pupils, if the almshouse is not too far distant, a senior and a junior, for four weeks' or six weeks' work in the almshouse. It would not do them any hurt and it certainly would work a great deal of good. Where there is an outside visiting nurse we suggest that she might possibly give a half day a week to the almshouse. She could not accomplish much herself in that way, but she could report the conditions to the proper authorities. If we could co-operate with the superintendents of the training schools, the club women, and the nurses all over the state, we are bound to work this thing out, I am sure.

THE PRESIDENT.—It seems to me this work done in Illinois is a model for us, and the suggestion of Mrs. Tice, of co-operation with the medical societies and the various local organizations, curiously enough was made to me at Mrs. Havemeyer's by Dr. Polk. He said, "Nurses are needed all over the country; but let me give you one suggestion." Dr. Polk is a far-sighted man and a man to whose opinions we may well listen: "If you want your work to grow and to tell, always consult first the people in the locality where you hope to work, then they will co-operate; but if you begin first without this consultation and friendly feeling, you will have trouble all along the line."

MISS DOCK.—Being asked for a report of the International Congress, I have only a couple of minutes to tell you about the meeting. I will just indicate briefly the chief lines of work that were done there. The international resolution, of course, on registration, was passed unanimously. The English nurses are still struggling under all of their deadly enemies and they have not yet gained their registration. I said a year ago, and I repeat it now, they will never get it until their women are enfranchised.

It is true that Germany and Belgium have each passed it; the governments of Germany and Belgium have each passed legislative acts, but those acts are very far from being satisfactory according to the standards of American nurses. It would take me off my line to discuss it. They are entirely man made, man administered, man limited; and the nurses in those countries feel that they are simply an opening wedge, a very thin wedge, and it will take many years. All

the nurses in those countries are of course suffragists, because they know they can never get their influence effective until they can share in legislation. Then the sessions on prophylaxis were very seriously taken. The nurses were very deeply stirred. One of the English nurses wrote a very wonderful paper. We had three impressive papers, and the nurses have all gone home to their countries determined to work earnestly on venereal diseases.

Now on the resolution about granting the franchise to women, I am sorry to say, I had to apologize to every one in every direction that I turned. I almost wished sometimes that I could go and hide my head under the table, I got so tired of apologizing for you, but I had to do it. I had to say, "The American nurses are not well awake on this question; they do not know what it means. They have voted in the negative there." But it did not turn out as badly as it might have. I will tell you why. One of our delegates, who was instructed to vote in the negative, discreetly disappeared. And another one, when the vote was taken, was asleep. And the consequence was, I am sorry to disappoint you, but you only got two votes against woman suffrage. The next time, when we meet in Germany, I doubt if you are let in.

The congress proceedings lasted one day. We took several new countries into membership, Holland, Finland, and Denmark. The next congress is to be in Cologne in 1912, and it is the purpose there, the intention there, to devote practically the whole of the time, probably three days, to bringing out and emphasizing all the remarkable progress of the nursing profession in social and preventive lines; so I ask you now, every one of you, to begin getting papers ready, because we want to give a great many helpful suggestions about lines for nurses on social preventive work, and Germany will be a very good place to give those suggestions. I could not go into all the joint congress meetings nor into any of the wonderful sittings, as it were, of the congress, which made it decidedly the most notable occasion, I think, that the nursing profession has ever shared in. We had a fraternal delegate there from Japan, and the Cuban Government sent three of its nurses—two Cuban nurses, Miss Hibbard in charge; the Government of Belgium sent official delegations, paying their expenses. Queen Christina personally interested herself in sending a party of four, and we have sent her a bound volume of all the reports. Nurses were there from Iceland and Norway. It was really a very remarkable gathering, and the enthusiasm that was generated was quite impossible to describe.

THE PRESIDENT.—It had been my intention to call on the members of the Red Cross committees of the various localities to give the report for their localities, but as our time has passed so quickly I will give a summary of the report as the chairman of the Red Cross National Committee on Nursing Service.

As you know, there was a committee on Red Cross work appointed two years ago to report last year in Minneapolis; and the outcome of the work of this committee was the formulating of a plan for a national enrolment of the Red Cross nurses; the conditions under which this enrolment was to take place were to be outlined by a national committee nominated by the Associated Alumnae and the Superintendents' Society, and appointed by the War Relief Board of the American Red Cross. The committee appointed was as follows: Jane A. Delano, chairman, Washington, D. C.; Georgia Nevins, secretary, Washington, D. C.; Anna C. Maxwell, New York; Mrs. Isabel Hampton Robb, Ohio; Mrs. George Lounsbery, West Virginia; Sophia F. Palmer, New York; Mrs. F. Tice, Illinois; Margaret A. Pepon, California; Mrs. Whitelaw Reid, New York; Mrs.

William K. Draper, New York; Linna G. Richardson, Oregon; Emma M. Nichols, Massachusetts; Major Charles Lynch, U. S. Army; Surgeon Middleton S. Elliott, U. S. Navy, Dr. William H. Welch, Maryland.

The committee has held two regular meetings since its appointment, and several informal meetings in Washington. I will not go into the outline of the plan, as it has all been published in a book which I think has been pretty generally distributed. The scheme for enrolment is accessible to you all, but it seemed best to divide the country into sections, assigning to the nurse member of the committee in that locality as many states as she was willing to undertake or as seemed advisable for her to have. I will just read the names of the states and the member of the committee to whom they were assigned. We were not able to begin this work until after the meeting of the Red Cross in December, then, unfortunately, I met with an accident and was not able to write for six weeks, so the work has been crowded into the last few weeks with a most astonishing response, as I think you will agree when I read the report.

Mrs. Tice has a large territory. She took the whole of New England. Miss Maxwell took New York and New Jersey. New York is really at work with Miss Dewey, of Brooklyn, as chairman, and Miss Maxwell has New Jersey well under way. Miss Nevins has the District of Columbia and Maryland, and has completed her work, as far as state organization is concerned. Miss Anna Greenlees is chairman of the District of Columbia. Miss Baker, chairman of the Maryland district. Mrs. Lounsbury took a very good portion, West Virginia, North Carolina, South Carolina, Georgia, Kentucky, and Tennessee. She has West Virginia well in hand. Their committee is hard at work. Georgia is organized with Mrs. A. C. Hartridge, of Augusta, as chairman. Tennessee, which has lately been admitted to our association, with Miss Lena A. Warner, of Memphis, chairman. Mrs. Tice also took a large slice out of the states of the middle west: Illinois, Michigan, Iowa, Missouri, Arkansas. Illinois is organized with Adda Eldredge, chairman; Louisiana, with Ella Wall, of New Orleans, chairman; Miss Pepon has California, Nevada, Utah, and Arizona; Miss Richardson has Oregon, Montana, Idaho, Washington, and Wyoming.

To myself, as chairman of the committee, came the mother's share, all those states which did not seem to fit in any locality, many of them without state organizations. I am sorry that I am not able to show a better report of my own work.

Pennsylvania has begun its organization. Delaware has not been communicated with. Mrs. Lounsbury is going to consult with Virginia to bring about an organization, while the delegates are here. Florida has no state organization. Texas is at work and I hope will very soon be organized. North Dakota and South Dakota have no state organizations. Nebraska has, and has a delegation here, and we hope to have something done before they go back.

Kansas has no state organization. Colorado has. New Mexico has none. Alabama has none. Mississippi has none. Ohio is organized with Miss Johnson, who is in charge of the district nurses in Cleveland, as chairman. Indiana is organized with Miss Elizabeth Johnson, of Indianapolis, chairman. Wisconsin, one of the two states admitted this session, is organized. With the true western spirit they had their committee all appointed in case they were accepted, so there was very little trouble, and Miss Matthews is chairman.

I think you will agree with me that this is a good showing for a very few weeks' service.

## REPORT OF THE COMMITTEE ON REORGANIZATION

MISS GENEVIEVE COOKE.—Some months ago recommendations of the Committee on Reorganization were printed and sent to the associations throughout the country, in order that they might consider the points to be discussed.

THE PRESIDENT.—The first point we will take up is in regard to the change of the name of the association. This cannot be amended to-day, but recommendations can be made to the Committee on Constitution and By-laws, that it will offer as an amendment next year something which may be acted upon by the association.

MISS PEROOK.—It is very important that we should have a name which is both comprehensive and easily pronounced and entirely euphonious, and also the abbreviation of which will be convenient to write. So many names of organizations and associations that have to be continually written over and over again have such long names that the time taken in writing them out and the time taken in speaking them is a great drawback. Now if we could have a name like the American Nurses' Association or the American Graduate Nurses' Association; we have three or four letters which will stand for it and we can use it in one second. I think "American" is a very great improvement on "National." The National Nurses' Association means nothing, the American Nurses' Association or American Graduate Nurses' Association comprehends the whole thing, wherever spoken, or in whatever country mentioned.

MISS GILES.—I want to say, Madam President, that "American" takes in Chili, as well as the rest of the United States. "American" takes in all countries of all America, North and South America, and I think that we do not intend it to go that far. I do not believe that is the intention of this association.

MISS DOCK.—MADAM CHAIRMAN AND MEMBERS: I would like to see this association an association of nursing societies,—a federation, and I do not see why we should not call it The American Federation of Nursing Societies; then all the societies in our whole country are affiliated with it. I have always wanted to see the Spanish-American War Nurses and all the other leagues of nurses affiliated in this one central body, and it seems to me now that time has come. If we call it The American Federation of Nursing Societies it would cover everything. Either societies or associations, it doesn't matter, but the American Federation of Nursing Societies or Associations, whichever you prefer.

MISS DAVIS.—What shall we do with the superintendents? How are those to be federated?

MISS DOCK.—They are affiliated.

MISS DAVIS.—That leaves out "affiliated."

MISS DOCK.—They don't use the word "affiliated" now. I would like to say that at present the Superintendents' Society is affiliated with the Associated Alumnae of the United States under the title "American Federation of Nurses." So if they are now affiliated how can they object to affiliation? They are already affiliated. That is the body that enters into international relations. It seems to me that all we want to do is to widen our affiliations, still further to affiliate all sorts of other groups of nursing societies, if they are not yet affiliated; the Spanish-American War Nurses have them affiliated; the Visiting Nurses and like groups, and Public School Nurses, let them affiliate; the nursing settlements—any group that wishes to affiliate, let it affiliate, and on the basis that we are simply associated and it is a membership of all under one common title.



MISS GIBBERSON.—Does that include the Association of Panama and Central America, if we made it the American Federation, or would it be the Federation of the United States? Would that include Canada? That is always confusing, if it is American instead of the United States.

MISS PERDON.—I would like to ask Miss Dock how they are spoken of in other countries, whether or not American and America in other countries means the United States?

MISS DOCK.—It does in a sort of way, generally, of course. That cannot be literally so, and if Canada thinks it would not be courteous to call ourselves American, then we could call ourselves The Federation of Nurses' Associations of the United States. I am not so particular about the name of the country, the point I am particular about is to get a title that will enable all our groups of nurses in the region that we expect to cover to affiliate together under one title and have central meetings, with their different sections and departments under one name, and be recognized as one national body composed of all these many parts.

MISS MAXWELL.—I think when we are abroad and speak of being "American," we are usually asked whether we are from the United States, South America, or Canada.

MISS FINDELL.—I know that foreigners or people on the other side of the water usually speak of us as being from "the states." You hear that frequently.

MISS NUTTING.—There is, I believe, one organization already known as The American Federation of Nurses, and I am quite sure that any action taken to use that name now would have a direct bearing upon something which is already existing and not serviceable, and I think as a matter of courtesy, whether or not as a matter of future practicability, but as a matter of courtesy, I think we should consider what would happen to The American Federation of Nurses when another American Federation of Nurses comes into existence.

MISS DOCK.—The American Federation of Nurses is not incorporated, so it would be simply an enlargement of the term.

MISS GIBBERSON.—I would like to suggest for a name "The United States Graduates Nurses' Association." It seems to me we are all graduates, whether we are superintendents or nurses, and that would cover the entire thing, the United States Graduate Nurses' Association.

A MEMBER.—If it is in the form of a motion I would like to amend it to make it The Graduate Nurses' Association of the United States.

MISS NUTTING.—I think this is an important and serious matter, and I think it hinges on whether we should have individual membership, as has been suggested, or whether we want it to be a federation of societies, as has also been suggested. If the question of individual membership alone is to be considered, there can hardly be a better title than The American Associated Alumnae; because associated alumnae does not necessarily mean societies. Every one of us is an alumna of some school. I think the name Collegiate Alumnae sets a guide, as that covers the alumnae of certain standards, and probably we have a number of collegiate alumnae here, but I do believe before we settle upon a title it should have very careful consideration as to just how we are going to organize.

THE PRESIDENT.—Whatever we do to-day is not a final decision. It is simply a recommendation to the Committee on Constitution and By-Laws, and

the thing will be open and discussion expected when the amendment is offered to the constitution; so that it is not an absolute and final decision. We must not give it too much time to-day, because there are questions which we can absolutely decide. Miss Nutting has struck at the root of the matter, which is the form we wish this organization to take? Now those are questions which we can settle, and as no motion has been made as to this question of name, it seems to me we might go on to a question which we can settle, and then after we do settle the form we may come back to this question of name.

We can very quickly decide whether we wish to have these meetings annually or once in two years, depending, as the suggestion was made, upon the state organizations to carry on the detail work in the intervening year.

Miss COOKE.—A number with whom I have talked on this subject seem to feel, after considering the matter some little time, that while at first we are loath to give up the annual meetings, it seems really wisdom to have the meetings once in two years. That would allow, for one thing, the organizations to recuperate their funds, and the individuals to do the same in the interim, and of course, the work would go on in the state exactly the same; since we are planning now to have our inter-state secretary possibly the organizations' work will be stimulated just as much during the interval as it would be to have the delegates attend the annual meeting, so that it seems a good suggestion, meeting once in two years.

Miss McISAAC.—I would like to support what Miss Cooke has said. It would seem to the older members of the association, and has for some time, that we must come to the meetings once in two years. It is very largely a question of expense; because the meeting every year calls for so much expense and so much work and the taking away from the local societies many times what they really ought to have, both in the way of time and work and money.

Miss NUTTING.—May I add a word in support of Miss McIsaac's and Miss Cooke's suggestion? I have heard many times from associations of graduate nurses of the expense of the attendance at these conventions, and I do know that the multiplication of our local societies and state societies and our other societies, and the amount of work involved for women who are already working almost to the limit, is very, very great. Then I think we have to consider the territory from which we come. It is almost as if we were gathered together from all over Europe. In fact, it is quite as if we were gathered together from all over Europe, and more so, even, because the distances are so great here and the time and expense involved in coming is so large.

I think Miss Dock will answer me if I am not right in saying that there is no annual national meeting in Europe. They do not meet every year. They do not feel that they can afford it, to meet every year.

Miss DOCK.—Not their national meetings. Their countries are small; they meet every year.

Miss NUTTING.—I would approve that this enormous country be divided up into something smaller. Teachers find it necessary to have an eastern division, a western division, and a middle division. We are women of not enormous incomes; I know where individuals have economized during the entire year to pay for one convention, and it is wrong. Conventions cover a whole week and the expenses are very great.

I know alumnae associations have found it very difficult indeed to meet the strain of sending their representatives, and I know the treasurers are appre-

hensive afterwards. I know many in this enormous country find it difficult to support the annual meetings; and I am inclined to think that if we met once in two years and the divisions and sections in the interval, it should be very favorably considered.

THE PRESIDENT.—May we hear from some other member, some who have travelled long distances to come here? If there is no further discussion, are you ready for the question? It has been moved and seconded that we recommend annual meetings. Motion lost.

THE PRESIDENT.—Now the next question that we have to consider is membership; shall it be individual or shall it be federated, federated as it is at present, of the alumnae, state, county, and city organizations, with a growing list of permanent or individual members? Now let us take up the first question, simply shall it be individual or federated as it is now?

MISS WHITAKER.—I move that we still be a federation.

THE PRESIDENT.—The motion is that we still remain federated as at present with individual and permanent members. The subject is open for discussion. If there is no discussion are you ready for the question?

(The question was called for, put to a vote, and carried.)

THE PRESIDENT.—Now the question as to the payment of dues for individual members. This may be final, as the By-Laws may be amended by unanimous vote. Shall the permanent members be asked to pay individual dues? Shall we embody in this question the subscription to the JOURNAL?

MISS GIBERSON.—Can we not make this as a recommendation to the committee instead of taking final action on it? I move this be referred to committee. Carried.

MISS NUTTING.—May I just ask if these individual members are the permanent members that you want to have pay three dollars? They are already paying their per capita dues through their alumnae associations.

MISS COOKE.—May I say in regard to this per capita through the alumnae, the alumnae then have the privilege of being represented by this individual, but the individual, in paying her dues, has the privilege of representing herself as well, and as a permanent member. So that the alumnae lose nothing, and it is just as well to pay that ten cents, or whatever it is, for the privilege of being represented by this individual member and the member being also privileged to have her individual vote. If the dues are made three dollars for individual members that will include, if you so wish, the AMERICAN JOURNAL OF NURSING.

MRS. E. BALDWIN LOCKWOOD.—I move one dollar annual dues for permanent members, to include the JOURNAL subscription.

MISS TOUPET.—Madam President: I move to amend to strike out one dollar and say three dollars, including the JOURNAL subscription.

THE PRESIDENT.—The amendment is to strike out one dollar and insert three, including the subscription to the JOURNAL.

MRS. LOCKWOOD.—Is it in order to object to the amendment?

THE PRESIDENT.—No, we must put the amendment to a vote. Is there any discussion of the amendment?

MISS HILLIARD.—It would seem to me that any one who is interested enough to be a permanent member would be already a subscriber to the JOURNAL.

MISS GIBERSON.—I think a great many subscribe to the JOURNAL through their alumnae associations. May I ask why they want to send the JOURNAL to the permanent members? Are they not subscribing now?

Miss COOKE.—They would simply subscribe permanently and make the one payment to the national secretary and their names would continue on the JOURNAL list. It would not be another subscription.

Mrs. LOCKWOOD.—I would consider it unethical to include the subscription to the magazine in the dues.

Miss TOUPET.—The amendment is that three dollars dues be inserted instead of one dollar, and subscription to the JOURNAL be included.

Motion lost.

Mrs. Lockwood's motion that the recommendation be made that the annual dues of permanent members be one dollar was carried.

THE PRESIDENT.—You understand that this is only a recommendation, not a final vote. It is a recommendation to the Committee on Constitution and By-Laws.

Miss McISAAC.—One dollar is not enough for permanent membership.

THE PRESIDENT.—This is only as a recommendation, so it is possible that Miss McIsaac may have further opportunity of expressing her opinion.

Mrs. TICE.—I feel sure that if the members individually realize how hampered the directors are for funds they would appreciate why I want to have the permanent members pay dues. They really haven't money enough to carry on this organization. They are hampered all the time, they are digging down into their pockets for expenses for your good.

Miss GIBERSON.—Why not raise the dues for our alumnae associations and state associations?

Mrs. TICE.—They should be raised. I consider it decidedly undignified for great state organizations, some of them two or three thousand strong, to pay a paltry five dollars annual dues to the association.

Miss GIBERSON.—I move a reconsideration of the previous motion.

THE PRESIDENT.—Does Mrs. Lockwood consent to a reconsideration of her motion?

Mrs. LOCKWOOD.—May I ask for an explanation of what the reconsideration would include?

THE PRESIDENT.—May I ask if the member who moved for a reconsideration voted on the negative side or affirmative side?

Miss GIBERSON.—On the affirmative side.

Miss NUTTING.—May I ask one question? How rapidly do we increase in permanent membership? How many permanent members do we add to our members during the year, and what does this mean by individual membership? Some of these days we will have hundreds and hundreds of permanent members, and after all it will be a matter of individual membership, I should think.

THE PRESIDENT.—The secretary tells me last year it was seventy-seven. So it is not such an important question, and it will be open for discussion next year.

We will go on to the next question to be considered, and that is the question of officers: that in addition to the Board of Directors there be a Council, to be composed of presidents of affiliated state associations. I think this is a matter that can only be amended by previous notice. Will some one make a motion in regard to this question, whether the Board of Directors shall include the presidents of affiliated state societies?

Miss MILNE.—I move that in addition to the Board of Directors there be a Council composed of presidents of affiliated state societies. Carried.



FRIDAY AFTERNOON SESSION

**THE PRESIDENT.**—It is with the greatest possible pleasure that I introduce to you this afternoon a physician who has been very closely connected for many years with the work of nurses, first in a large state insane asylum in the north-western part of the state, and afterwards as Medical Superintendent of Bellevue Hospital, later president of the New York State Commission in Lunacy, and at present the Medical Superintendent and Director of the large Manhattan State Hospital for the Insane. Now I think you will agree with me that Dr. Mabon can speak with authority on the subject of the "Care of the Insane."

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THE NURSING CARE OF THE INSANE

By WILLIAM MABON, M.D.

Superintendent and Medical Director, Manhattan State Hospital, Ward's Island,  
New York City

THE advent of the trained nurse was one of the great steps forward for the human race and to the nursing profession must be attributed a substantial part of the success in the treatment of diseases and the wonderful progress of medical science in the past few decades. The medical profession is glad to acknowledge the debt it owes the trained nurse.

The work of the nurse now is specialized and there are many forms her activity takes, to reach all classes of the sick, to care for them, and teach them how to care for themselves. Notwithstanding this fact, there is an important class, the insane, greatly in need of the best nursing care, which, up to the present time, has not reached the proper standard. It is true that we have mental nurses, graduates of nurses' training schools, but they, in the beginning, were trained by physicians, and this method of training still prevails in many institutions. The nurse trained in the general hospital usually knows nothing of mental cases and is not always inclined to think their care a nursing problem. As a rule, the general nurse has too often been disposed to regard the mental nurse as occupying an inferior position, and it is this lack of sympathy and co-operation that makes the work of the psychiatrist harder, for the cure of insanity is to a considerable extent a question of good nursing. Contrary to a generally held belief, the care of the insane cannot be learned in a few weeks, but takes long months of training under specialists.

That there is an awakening interest on the part of your profession in the nursing care of the insane is evidenced by your invitation to me to discuss the subject before you. To those of us engaged in the

work, this interest is very welcome. The fact that there are more than 32,000 committed insane cared for in institutions in the state of New York alone, and that it is the largest single item in the expenditure of the state, indicates that the problem is not a small one.

The idea formerly prevalent, and possibly to some extent to-day, that the mental nurse did not need the equipment of the general nurse, has no foundation in fact, for the insane are subject to the same diseases as the sane, and, with the single exception of children's diseases, the nurse caring for them must have a knowledge of the same conditions and work. In addition, she has the great responsibility of caring for those mentally unsound, who by reason of delusions, excitements, confusion, delirium, or retardation are unable to co-operate with her and whose statements are oftentimes misleading or utterly unreliable. To show you that the care of the insane demands a great deal of nursing, as we generally understand the term, I give a brief summary of the medical and surgical work in purely physical conditions of the Manhattan State Hospital for one year.

During the past fiscal year the institution had 71 cases of infectious diseases, including erysipelas; 210 cases of tuberculosis; 132 cases of intestinal and other disorders of the digestive tract; 38 of abdominal and pelvic diseases, not surgical; 218 cases of pneumonia and other diseases of the respiratory system; 139 cases of diseases of the cardiovascular system; paralyse and other nervous diseases excluding insanity, 90; miscellaneous general diseases, 131; surgical conditions without operation, 239; gynæcological treatments and pathological conditions in women, 400; genito-urinary conditions in men without operation, 16; 40 fractures; 5 obstetrical cases; 100 surgical operations, a large percentage of which were major. The average daily number in bed from all causes was 366, requiring, of course, special attention. You will, therefore, see that there is abundant opportunity for the pupil nurse to receive her training in caring for those suffering from physical diseases.

As for the qualifications necessary for a good mental nurse, I would say that a higher standard of intelligence and more education is needed, if anything, than for the general nurse. She must have great self-reliance and self-control, infinite tact, firmness, yet be gentle and kind, have courage, a cool head, ability to act in emergencies, and plenty of good common-sense. She cannot trust her patients to tell her their symptoms, consequently, her powers of observation must be trained to a greater extent than those of the general nurse, and she must learn to sift the essential from the non-essential. She has indeed to discover

many of the symptoms about which the patient may make no complaint, or which he may even try to conceal. The psychiatrist has to rely on the nurse a great deal for important data regarding the case, for the patient may succeed in suppressing the most important symptoms in the presence of the physician. You will find it true that the mental nurse needs and usually has better trained powers of observation and ability to draw conclusions than has her sister in general practice. It is upon the mental nurse that we depend for the details of psychotherapy.

There are some special subjects which properly belong to the technic of nursing, which the mental nurse has to do especially well. Among these are hydrotherapy in all its forms, including packs and hot-air baths; massage; special feeding, spoon feeding and tube feeding; care of epileptics during and after convulsions; direction in entertainment, occupation, and diversion of patients, etc.; the care of bed cases; probably the hospitals for the insane provide the best care for this helpless class that it is possible to give. As the methods of nursing the insane have improved, there has been a diminution of mechanical restraint and seclusion, formerly so generally used, until now it is but little employed, except occasionally to prevent persistent attempts at suicide, and sometimes for surgical reasons, as after an operation, to prevent the patient tearing away the bandages and dressings.

All of the New York state hospitals for the insane now have training schools for nurses, and most of these are registered with the Department of Education at Albany. In many of the schools the work is under the immediate charge of a superintendent, a registered nurse, with both general and mental hospital experience. The usual salary is \$1,200 a year and maintenance, and she ranks as an officer. An assistant superintendent may also be provided at \$900 a year and maintenance, where needed. This is in line with the principles of general nursing. The course covers two years, the pupil nurse receiving the pay of an attendant. This averages considerably more than is paid the pupil nurse in the general hospital school.

During the first year the junior pupil nurse has three months' training in assisting in acute medical and surgical cases; two months in the excitements of acute insanities; two months in the depressions, confusions, and delusional states of acute insanities; three months in the care of infirm and chronic bed cases, one month of which is night duty; and one month in the care of tuberculous insane. She also receives two weeks' instruction in the dispensary, being on duty for half a day at a time.

The senior pupil nurse has three months in the acute medical and

surgical service, of which one month is night duty; two months in the excitements of acute insanities, of which two weeks is night duty; two months in the depressions, confusions, and delusional states of acute insanities, of which two weeks is night duty; one month in the care of the tuberculous insane; and one month each for the convalescent and epileptic. During one month she spends daily several hours in the diet kitchen and six hours during the month in the laboratory. Each pupil attends at least six gynecological examinations and clinics. They also benefit by special clinics and instruction given by visiting consultants in gynecology, ophthalmology, laryngology, odontology, gastro-intestinal diseases, surgery and cardiovascular diseases. A number of the schools have arranged with general hospitals to give their senior pupils such training in obstetrics and children's diseases as cannot be had in the state hospitals.

One of the great needs of our service is the furnishing of special accommodations for pupil and graduate nurses, separating them thus from the ordinary attendants. They should have their separate home, special dining-room, special studies, library, etc. They should not be compelled to do the rough cleaning in the wards, but this should be left to the ordinary attendant. This very thing is most important to enable us to secure more of a superior class for training and finally for supervision in the different wards. By doing this, and providing sufficient compensation for the charge nurses, we would be able to retain more of this class in the service. We need more persons of refinement, intelligence, and broadmindedness for the work, and to secure them we should be able to offer greater inducements.

I would like to emphasize the difference that must exist in the methods used by the general nurse and the mental nurse. The former, when she has carried out the orders of the physician, complied with the reasonable requests of the patient, been prompt with her duties, has been able to cope with whatever complications arise in the disease, and has shown consideration for those with whom she comes in contact, has fulfilled her duty as a nurse. In the case of the latter, a patient must also rely on her many times for her physical needs, often when she cannot express them, and often when she refuses the nurse's ministrations and forcibly resents that which is for her own good. In addition, the mental nurse is one whom the patient must obey and, therefore, must be a trusted, firm, respected, sympathetic friend to the one dependent upon her.

There are certain factors necessary for the cure of any disease. The patient's family may recognize their necessity, but in insanity does



not know how to cope with the refusal of food, the unresting activity of a case of mania, or the loss of interest in life, maybe suicidal tendencies in a case of depression. The physician cannot be with the case at all times. Consequently the nurse must know how and when to feed, thus preventing loss of strength, persuading those who refuse food to take a little, and curbing the appetite of those who have no judgment in eating. The good mental nurse will do everything to promote a sufficient amount of sleep, and by suggestion, example, persuasion, and commands, if necessary, do everything possible to restore a normal mental activity. She must calm, if possible, the excited, and cheer the depressed, and it is here that her knowledge of psychotherapy is most important. There is no group of diseases in which this form of treatment is more satisfactory than diseases of the mind, and the competent mental nurse will oftentimes unconsciously exercise her influence and bring results which no medicines can give. When physical disease is complicated with the mental, as is often the case, the nursing problem is one that calls for ability of the highest order.

Physicians in general practice evidently realize the difficulties of the situation, for hardly a week passes that our special hospitals do not have calls for trained nurses to take charge of mental cases in private practice. Many of these calls have to be refused, for the nursing force is insufficient to supply both the needs of the hospital and the outside public. The general nurse in private practice is not always fitted to take such a case, even if she is willing to do so, and our experience would indicate that there is a considerable demand that is not being properly met. The pupil nurses of Bellevue Hospital are particularly fortunate in having part of their training include mental diseases, and the large number of patients who go through the psychopathic wards of that institution furnishes ample material for this purpose. The resident alienist of this hospital, a well-known specialist, gives a course of lectures on this subject.

It would, therefore, seem wise for the general nurse to take a six months' course in a hospital for the insane, thus rounding out her training and preparing herself for every call. On the other hand, a nurse, in addition to the general and special training given at a hospital for the insane, should receive at least six months' experience in a general hospital, paying particular attention to obstetrics, diseases of women and children, and such physical diseases as are not met with in the special hospital.

It may be of some interest to those assembled to know what

psychiatrists mean by insanity. The general belief seems to be that insanity is a single disease. As a matter of fact, to the alienist, the statement that a patient is insane conveys no more meaning than does the statement that a patient is sick to you. Insanity is a general term for a multiplicity of conditions, which differ in origin, characteristics, and outcome, and their management and treatment is correspondingly different. The only common factor in this group of disorders is the accompanying mental alienation, a symptom that instantly commands attention. The point to remember is that the insanity, that is the mental upset, is frequently regarded as a manifestation of some physical condition, in some cases understood, in more, I am sorry to say, we have not as yet been able to solve the problem. We do know that in certain individuals a definite series of causes is liable to produce a mental upset, or a physical condition expresses itself in a mental upset.

I cannot devote the time to an enumeration of the recognized forms of insanity, but I would say that about thirty forms, or groups, are now classified, some of which are very large and have numerous subdivisions. To indicate in a general way, some are due to gross changes in or injuries of the substance of the brain; some result from toxic material, as alcohol, opium, and other drugs, or the products of bacteria; again, some are associated with other nervous disease, as chorea, hysteria, epilepsy, and neurasthenia. One form, the maniac-depressive, has two phases, one manifested by great physical and mental overactivity, that is maniacal excitement, the other by a depression with mental and physical retardation; frequently these phases alternate in the same patient. Sometimes the insanity is a disorder of the thought processes, leading to misinterpretations and false ideas, and without evidence of being accompanied by any physical disorder. In a large class there is a general mental enfeeblement, oftentimes with pronounced physical changes due to organic disease and frequently associated with senility. Others, again, may be the outcome of inherited or acquired constitutional states, rendering the subjects peculiarly susceptible to the upsetting influences of incidental physical or mental experiences presenting difficulties in adjustment which the normal person can overcome, but which here lead to mental breakdown.

You can see that routine treatment will not do in mental disease, but that each individual case must be dealt with according to its needs. It is in this field that the good mental nurse has the greatest opportunity for developing her personality, which she does by studying her patient's needs and peculiarities, thus individualizing the treatment and

trying to entertain and divert the diseased mind to normal, healthy channels. In the state hospitals this is frequently done by trying to interest the patient in some occupation or diversion. To this end we are developing the work along the usual industrial lines, and in addition have special classes in raffia and brass work, embroidery, and lace making, art work, water colors, and the like, folk dancing, singing games, calisthenics, and many other forms of diversion. The idea, as you will see, is to get the patient out of a rut, to break up the vicious circle of mental habits characterizing insanity in certain forms, and to prevent the introspection and brooding so common among the insane. This work, which is now being developed, is comparatively new, but enough has been accomplished to show that it has great possibilities for good. Following the acute stage in certain forms of insanity, we find a loss of memory, or a progressive indifference, carelessness, lack of control and judgment, which oftentimes rapidly becomes worse. This is known as deterioration or dementia, and it is to arrest this that we are now striving, by a process of re-education, as it were, to restore the mental activity sufficiently to enable the patient to live outside an institution, if that be possible, if not, at least to make her a more useful, contented, and happy member of the hospital community.

Here is nursing work of the highest character—an opportunity to be something more than the nurse has been heretofore, and to do more than we have ever been able to do for the insane. It is an opportunity for the nursing profession to enter a field of the broadest usefulness heretofore neglected that promises good results. The economic loss to the state resulting from confinement of the insane amounts to an enormous total and any reduction we can make by increasing the percentage discharged is well worth the effort.

It seems to me that the time has come when the nursing profession should accord the mental nurse the recognition that is her due, for her work is equally noble and self-sacrificing. If the leaders in nursing work will turn their attention to the problems connected with the care and treatment of the insane and help us to solve them, the nursing profession will be the better for it, the insane will reap great benefit, and a forward step for humanity will have been taken.

The old prejudice against the institution for the insane and the insane themselves dies hard, but gradually the public generally is coming to take a more normal interest in the insane and their care, and we hope, in time, people will turn as freely to the special hospital for mental troubles as they now do to the general hospital for their physical ills. This will be of great help to physicians in our special line in

that it will permit of much earlier treatment than is now possible in many cases where the patient is sent to the hospital only as a last resort.

Your profession should know more of the insane and their needs, so that you may help to mould public opinion along proper lines. It should be recognized that the insane man is a very sick person and is in need of help, not a weird, perhaps dangerous, individual to be hustled off to the hospital and forgotten as speedily as possible. The public should know that insanity is a condition calling for hospital treatment and careful nursing the same as any other disease, and that skilled physicians and nurses are ready to care for such patients. If nurses generally will do more to recognize the mental nurse as a fellow co-worker, and will consider the care of the insane from the nursing viewpoint as a legitimate field of activity, it will help in two ways. First, by encouraging more pupils of a superior class to apply to us for instruction. Second, by emphasizing to the public that the insane are truly under the care of nurses, and not "keepers" as generally supposed. If we can overcome the public distrust and dread of the insane and all connected with them, the way is opened for larger opportunities for good and better progress in the care and treatment of this unfortunate class.

In a number of institutions for the insane, most of the wards for men are in charge of women nurses and the results generally have been excellent. For the hospital and reception services, especially, women nurses are peculiarly adapted and have brought about greatly improved conditions. It is the custom, generally, to pay such women nurses the salaries men in the same positions receive. The moral and restraining effect on men patients is a powerful factor for good and the patients themselves frequently speak of it.

On the other hand, suitable men are admitted to the state hospital schools on equal terms with women, they receiving a special course in genito-urinary diseases in place of the work in obstetrics and gynecology. There is a place for men graduates in the institutions and there is a demand for them outside in private work. The same general remarks regarding living conditions and compensation would apply as for the women, though the item of compensation is probably more important in their case.

In this paper I have been able to develop nothing new, but if I have succeeded in drawing your attention to the situation with its opportunities and its needs, I shall be content, for I am sure that as soon as the nursing profession generally realizes the extent of the field



here, not yet provided for, prompt steps will be taken for relief. The medical profession also has heretofore been somewhat lax in teaching a proper knowledge of mental diseases to its students, as well as the nursing profession, but the trend of the times is for more thorough treatment of the subject.

There is another phase of the matter I have not touched upon here, that is the prevention of insanity. Just now this is engaging the attention of psychiatrists and philanthropic organizations and plans are being elaborated for the prosecution of the work. To accomplish what is needed will require many workers in different fields of activity and I am sure the nurses of the country will do their part, once the need is made plain to them. We have every reason to believe that prophylaxis will play as great a rôle in the field of mental diseases as in physical and that the skilled nurse will be as important a factor in one as she has been in the other. The field is new, however, and our progress for a time must be slow, for there is no past experience to guide us.

I therefore ask you to make a careful study of the needs of the insane from a nursing and social workers' standpoint, for the need of more efficient management exists and is daily becoming more evident. Whatever you may accomplish for the welfare of this class will add to your honorable record, as well as benefit humanity.

**THE PRESIDENT.**—This paper comes at an opportune time, as we have a Committee on Nursing of the Insane, and it seemed suitable that Dr. Mabon, who is an authority on this subject, should deliver this paper, by an outlining of the needs and possibilities. I am sure this body of women does not need to be convinced of the needs. I am quite sure they will co-operate and continue this work, which was taken up a few years ago under the direction of this Committee on the Nursing of the Insane. And I am sure we are all most grateful to Dr. Mabon for this splendid paper. Miss Cleland, of Providence, Rhode Island, will follow with a report.

**MISS CLELAND.**—At the Providence Hospital in Rhode Island we have, in the last year, started a special course of training. We require a two-year high school education in the applicants. Since starting the three-year course we have found it much easier to get applicants for our training school. We have a surgical clinic, they have work in the dispensaries, in the diet kitchen, in massage, and in the hydrotherapy treatment, which, of course, we use a great deal. Our text-books are the same as those of the general hospital and our nurses this year have started a club. The undergraduates have written papers and have in many ways been interested in doing everything they can to progress. I think the feeling exists in the general hospital training schools that they do not need our training, but I feel that in hospitals for nervous and mental cases the nurses are taught to observe accurately and are taught in every way to consider their patients, to interest them, not in just keeping their minds off

themselves, but by every other means that they can, so that the patients' progress will be rapid to recovery. I can only voice the sentiments of the paper that has already been read by Dr. Mabon in regard to the good nurses for our mental cases. We really need the very best nurses for that kind of work, and I feel that when we can have an interchange of nurses between the general and state hospitals that we can progress very much more rapidly than we have in the past.

During the spring and summer months our patients are kept out-of-doors, playing tennis, golf, and basket ball; and we take the classes in basketry, embroidery, and that sort of thing out-of-doors and have our patients keep busy out in the open air.

Mrs. TICE.—I would like to ask Dr. Mabon if they give post-graduate work to supplement the work of other schools?

Dr. MABON.—The King's Park State Hospital has recently undertaken post-graduate work and I think most state schools will eventually do the same.

### CONCERNING OUR ETHICS

By HELEN SCOTT HAY

Chicago, Ill.

IN this paper I do not presume to offer a new code of professional ethics—a task as far above my finite powers as writing a Bible. I am not attempting to show you any easy path to right living; to present any new truths or to disguise old ones in epigrammatic dress. What I have to do is merely to emphasize a few facts that we know very well—that ethics is not a question of law but of living; of practice, not of precept; that the value of any ethical system is dependent not on moral rules but on moral qualities. Sets of rules never have made, never will make people ethical or law abiding. Every school, every city, every state has its laws that are recognized dead letters and which, however desirable their enactment *might* be, would better, because of their neglect, be done away with altogether. What we need, individually and collectively, is not a revised code or a new code, but some thoughtful consideration of our own ethical resources. I speak to all, the graduate from the small hospital and from the large one, the institutional worker and the nurse on private duty. For is there any one of us who in this regard would say with the Pharisee "Lord I thank Thee that I am not as other men are." Surely not! Whatever of honest effort, of conquered selfishness, of accomplished good, any of us may be able to claim, at best ours must be the publican's prayer "God be merciful to *me*, a sinner!" And as we know that in our ethical life we are faulty and inadequate, so also we know that the remedy for our defects lies not in the establishment of code but in the proper development of character.

Most of us have arrived at a time when we regret alike the few years of opportunity before us, and the years behind us that have in them so much less than they ought of beauty and usefulness. None of us doubtless have been leading butterfly existences, and there have been long, long weary days of work and care. But with all this how petty and selfish our motives oftentimes; how fault-finding and irritable; how little done of the vast opportunities that came to our hand; how much neglected that meant irretrievable loss to the school, the work, the individual, and to the shaping of our own characters. Lessons we had from the best of teachers, but we forgot them in our new responsibilities, or resented them with our new cares and annoyances. But because we know now that one way or another we have lost tremendously, we ought to be doubly zealous that the pupils of the present generation are safeguarded against these same distortions of character; that they are given in the lives of each of us the wholesome examples that shall inspire in them a high regard of their duties to themselves and to others. And to help to a little profitable introspection out of which shall come more thoughtfulness in our lives—for our own sakes, for the sakes of the younger people who are daily getting their life lessons from us—to make us think if only for a little on these things that are of so much virtue, this would indeed be the worthiest purpose I could covet for this paper.

In this brief survey I shall speak of three lessons that it seems to me need emphasizing with us. They set forth no new principles but they represent principles essential to a correct recognition of our duties, as a neglect of any or all of them means selfishness, injustice, wrongdoing, and all the deviations, great and small, that go with self-seeking, wilfulness, and conceit. Out of a knowledge of some of our most conspicuous faults and necessities I have chosen these three lessons as being essential to the correction of the defects themselves, important to our development, and, therefore, the things we would better talk about.

The first lesson I shall call the Lesson of Correct Discrimination—of correct valuation of things, the lesson that recognizes first, last, and all the time, that more important than order, or cleanliness, or technical skill, or our large ideas of how things ought to be, is the *good* of humanity. I am aware that the best of our teachers have always emphasized the importance of genuine sympathy in the equipment of the nurse. But equally true is it that one of the unfortunate first lessons that the new pupil learns is when she is permitted to straighten the ward at the cost of even one patient's comfort. The head nurse, ninety-nine times out of one hundred, would disclaim any but the most

kindly motives and intentions, but equally ninety-nine times out of one hundred her criticisms are directed toward the degree of order maintained, and not to the humane aspects of the case. And considering how impressionable we are in the first days of our training, need we be surprised to find that these first lessons are the ones that "stick," and that tremendously affect our attitude and action for many a long day? We do not need to enter into the trite argument as to whether good nursing technic is compatible with the broadest sympathies. That it is, we are agreed, to a man.

What we need to recognize and to emphasize in all our teaching is that, in spite of this self-evident truth, we are continually getting away from it in the value we place on the development of technical skill and the little relatively we teach and demand of qualities of the heart. We ought to exact much more largely of these heart qualities from the day the young woman comes to us, and we ought to make failures of heart at least of equal demerit with failures of bed-making and class work. Late and early we should teach the beauty of service; the development of character when helping those who need help becomes the first motive of our lives. Lessons these that, once a part of us, make response to patients' necessities and even to their whims more immediately important than needed "discipline" or tidy beds or outgrown traditions. Lessons that everywhere make us more immediately responsive and useful and that best of all enlarge our own natures, and increase immeasurably the possibilities of good within us. Neglect of the lesson of right discrimination, with the resulting callousness and selfishness, is responsible for many of the lamentable but justifiable criticisms that are continually made against the nurse in hospital and private duty. How many of our shortcomings are based on our desire to have things our own way, rather than to be most genuinely helpful. How emphatic what we *will* do and what we *won't* do, regardless of where we are needed most. What is worth while receives short shrift as we magnify to abnormal dimensions our personal grievances against everything that comes within our professional horizon, from the directory that always sends us to the wrong kind of a case, to the nurse who comes to assist us and whose inexperience and ignorance, even, we manage as with everything else to twist into a personal affront. How many truly excellent women by thus making much of the things that are not worth while, by the reiteration of annoyances that would much better be forgotten, are daily losing sight of the higher motives that alone should actuate them, as they are losing their equanimity and cheerfulness, and with these their mastery of circumstances. As



the individual loses by the neglect of this desirable virtue the profession loses no less, and we continue weak and culpable where we ought to be strongest and most efficient.

The second lesson that we need to keep in mind is the lesson of magnanimity. Perhaps the words high-mindedness, generosity, forbearance, may help to convey my meaning. It is that principle of right action that makes our own and not another's acts the standard for our measurement; the recognition that in considering the ethical value of our own acts we have no need or occasion to take into account the ethical standards of others. But this is a hard lesson to learn and to heed. Continually the first impulse is to absolve ourselves of blame; continually our defence is sought by contumely of the other person. Have you known nurses who *never* acquired the true spirit of forbearance with the sick and aged? of sick people who were severely "disciplined" or even discharged from hospital care because they were insolent to nurse or physician? Did you ever know nurses who persisted in construing the incoherent utterances of the insane or delirious, or the irresponsible accusations of old persons as intended insults, to be dealt with accordingly, and who were still tolerated in their schools in spite of their resentful and vindictive manner? Where lay the blame? Certainly not with the sick one, and infinitely less with the nurse than with her teachers who, at the critical period of her development, were overlooking her moral necessities. Absorbed in the praiseworthy task of holding her up to a high standard in practice and theory, they were failing to hold her to those severe exactions of herself, and to that degree of forbearance toward others, that discussed in the tranquil atmosphere of this meeting we all recognize as most essential to a suitable strengthening of one's ethical nature. From experience like this in the early days of training is it any thing but natural that later the nurse should seek for a solution of all her difficulties not in the just arraignment of herself, but in the satisfying condemnation of others. In my world the question that I must settle is not how much Doctor A. or Mrs. B. or the newest probationer is to blame for this trouble, but how much am *I* at fault? Have I from the first to last been as tactful, as just, as generous as I ought to have been? It helps me not at all discovering and continually commenting on the fact that this person is unreasonable in his demands, that that one seeks to usurp my authority, that my pay is too small and my work too heavy, that the conditions of living to which my private duty experiences force me are shockingly inadequate. The measure of *me* is dependent on myself—not on conditions or acts apart.

"I am the master of my fate;  
I am the captain of my soul,"

in the vicissitudes of nursing as much as in any conditions of life.

The first lesson, that of right discrimination, gets me into a correct attitude toward my work, toward those whom I serve. The second lesson, the lesson of magnanimity, puts me in a correct attitude toward myself, aids me in realizing my personal responsibility; the fact that in all this big world of being and action there is just one thing that is tremendously important to me and that is what *I* am and what *I* do. And when I have learned the lesson that no one needs my blame and criticism half so much as I do myself; that vindication is not my special prerogative and that generosity is better than gratification of self, then another important part of my duties becomes plain and unmistakable. I have no need of referring to rules, for the compelling power to right action is within me, the guiding spirit of magnanimity.

The third lesson is the lesson of unremitting helpfulness; not merely to do of two things that which counts most for humanity's sake, but actively to seek to be helpful; to hunt up ways of being serviceable. The first lesson has taught me wherein lie my greatest opportunities; the second lesson has taught my responsibility for myself and my actions. It is this third lesson that determines what I do and how I do; whether I shall merely acquit myself of those responsibilities incidental to my position as private duty or institutional nurse and that are plainly mine to do, or whether I shall seek out *every* opportunity to do for another that which is kindly and helpful, however small the thing may be, however much considerations of myself seem to argue against it. Then the question with us busy people becomes not "Have I time for this or that?" but "Will it help anyone if I do it?" To be never too busy to write the friendly letter to the disheartened fellow-worker; out of our own troubles to give sympathy to those heavy hearts who need us; never too busy to listen to complaints and to demonstrate the importance of kindlier methods; never too busy to give to the stranger nurse within our gates the lesson of cheerful helpfulness that will in turn make her more responsive and more helpful. Never too busy—or too annoyed—to give the exact information concerning the good nurse who has left us for another school. Never too busy to do our part in whatever counts for the betterment of our profession, or for the good of humanity. Of course, there is apt to be much asked of us that seems when we

do it to receive small thanks. But is the influence of any willing service ever lost? I believe the example of the busy person who always *has time* and who always graciously *takes time* to be kind and helpful to every one means an influence of incalculable value with the younger women. Do you say this is idle talk that, carried into practice with women already near the point of breaking, would mean overwork, nothing short of suicidal? In answer to this objection that constitutes another important problem I would ask: are we most the victims of work or of worry? Are we overworked most by reason of the immensity of our tasks or by lack of system and concentration? In any case is it compatible with the true spirit of helpfulness that we constantly mar our influence by selfish consideration? True service must put self in the background. Few of us will break in consequence. With the desired development of this helpful side of our natures the burdens in our Superintendents' Society, in our state and local associations, disappear, for each member appreciates her duty to give of herself, not merely to take. Whatever talent the Lord has given each seeks by an honest and earnest effort to increase it as much as may be against the day when she must account for her stewardship. How much the lack of this helpful spirit is responsible for the thousand and one things in which we are handicapped in our work and compromised as a profession. How much of foolish pride and petty jealousy and secretiveness that at every turn thwart us. Can we estimate the immense benefit it would mean to *all*, not only to our profession, but to the world, if we, a rapidly increasing body of earnest efficient workers, were always willing to be genuinely helpful? And invariably in helping others we should find the greatest gains were our own after all.

Have I exaggerated to you concerning some of our weaknesses or needs? Are we consistently manifesting every day these qualities of correct judgment, of forbearance, of helpfulness, or are these qualities of relatively minor importance? Are we to the full extent of our duty aiding toward the suitable development of these or other virtues in our pupils, that the ethics of the future shall take on a new strength and beauty because they are being *lived* every day and are but the natural expression of the well-rounded character of the good nurse and the good woman? In our consideration of the nurse's broader and more thorough training surely these questions of ethical development must be given a first and most important place. The text in this preachment comes last—the most sublimely beautiful expression of

this theme and taken from the most perfect system of ethics the world has ever known; just a sentence, but it embodies the whole philosophy of right living: "Thou shalt love thy neighbor as thyself."

THE PRESIDENT.—It certainly seems to me that Miss Hay has presented this subject of ethics in a most masterly fashion; and the one thing, it seems to me, that she has emphasized through all that paper more than anything else, is the spirit of mutual helpfulness, finding the good in people rather than finding the evil in them, and always with a hopeful outlook. Now I am sure there is some one here who will have a word or two to say in regard to her own point of view.

MISS DOCK.—I would like to say two words on this one point of practical ethics. I want to say that I hope that this association of nurses will never get to the point where it draws the color line against our negro sister nurses, who are our sisters of the human race and are our coworkers in our profession. In the early days, when we were small, this line was never drawn. I often used to say to other people, "There is one association that has never drawn the color line, and that is the nurses." Now as we get bigger and are spreading all over the country I have seen evidences that made me think that this cruel and unchristian and unethical prejudice might creep in here in our association. We should on no account follow the cruel prejudices of men, whose tendency is toward destructiveness. Woman's place is to show how the world can be made a sweeter and pleasanter place; and I do hope that in this one human problem, in dealing with the question of the negro race in America, that there, especially, we nurses will exercise and simply practise that one simple rule, to treat them as we would like to be treated ourselves.

THE PRESIDENT.—If there is no further discussion of this subject I will call on Miss Maxwell to give us an account of the Florence Nightingale celebration. Some of you, I am sorry, were not able to be there, and you will be much interested in Miss Maxwell's account of it.

MISS MAXWELL.—The valuable exhibit which you saw of Miss Nightingale's work and pictures at the Teachers College has been gathered together by Miss Samuel, who was the chairman of that committee. The invitations, the history, the programs, and all that part of the work were done especially by Miss Nutting, and I think she has won a wonderful result, getting so much that was interesting for us to carry away with us.

I thought possibly you might like to know how we have been able to bear the expense of all this printing and postage, and the decorations in the hall, etc. The Superintendents' Society has given \$350; the Associated Alumnae voted \$125. The other expenses have been met by the liberal contributions of the training-school committees of Greater New York and by private individuals who have given most liberally for the work. Every one has spoken most cordially regarding their gifts, that it gave them great pleasure to do this.

THE PRESIDENT.—It seems very fitting at this fiftieth anniversary of the establishment of training schools, that we honor Florence Nightingale; and it seems infinitely more fitting that at this same time we honor one of our own members who has done such splendid work for nurses, and whose loss has carried with it a certain amount of sadness through all of these meetings. I have to report that the preliminary committee on the memorial or some testimonial,



whatever form it may take, for Mrs. Robb, which was appointed according to your instructions, has appointed a permanent committee as follows: Miss Riddle, Miss Dock, Miss McIsaac, Miss Palmer, Miss Delano. This committee has already met with the permanent committee of the Superintendents' Society and has requested Miss Dock to present the subject from the standpoint both of the Associated Alumnae and the Superintendents' Society.

MISS DOCK.—I understand that the members of this joint committee of the Superintendents and the Associated Alumnae have met and have appointed a chairman for at least the coming year. You will all be glad to know that Miss Hay, of the Illinois Training School, has consented to act as chairman of this committee. The committee talked over the form and outlined what might be most fit for a memorial to Mrs. Robb, and this is what they wanted to present to you. They think that the memorial should be of a human and living nature, and they recommend the establishment of a large fund, which should be not less than \$50,000 to bestow scholarships upon nurses who wish to prepare themselves for special lines of training and education—post-graduate work, naturally, I mean—and they suggest that these scholarships need not necessarily be fixed or attached to any one educational institution; but that, for instance, if there should be in the east or in the west or in the south some especially good educational institution where special post-graduate work was given, which nurses of that locality would like to attend and where they will take the course, that then the scholarship might be bestowed upon such women to go to the particular place that they prefer to go to; only, of course, no one would get the scholarship to take training in a poor school. The propriety and the standing of the educational institution for which the scholarship would be given would be a matter of decision for the central committee. The committee, to-day, thought that this would be best managed probably in the way we manage so much work, by carrying it to the state associations, and through the state associations having it carried down to the individual schools, individual groups, individual women nurses; and they lay these suggestions before you for your consideration.

THE PRESIDENT.—It seems to me that the first question which we should settle is to determine the wish of the society in regard to the memorial, then later we can take up the best form for this memorial to take.

MISS NUTTING.—I am very glad to move that this body associate itself in a body for the purpose of establishing a worthy memorial to our late member, Mrs. Isabel Hampton Robb.

(The motion was seconded by Miss Parsons.)

THE PRESIDENT.—The motion is made and seconded that we establish such a memorial fund. Is there any discussion?

(The question was called for, put to a vote, and carried.)

THE PRESIDENT.—Now the question is in regard to the form which this memorial shall take. What shall we have? Will some one make a motion in regard to the form of this memorial? I can understand perfectly your silence, because it seems such a tremendous undertaking. May I ask Miss Cooke to take the chair, for I would like to speak for a moment on this.

MISS DELANO.—It seems to me that a scholarship fund is the thing that would have appealed to Mrs. Robb more than almost anything else. I have always believed that when the need for this particular course at Teachers Col-

lege developed, there would be no difficulty in the way of provision for the course. I think, myself, that the work during the past year has quite demonstrated this fact. The demand for the course, the development of the course, has brought to-day the beginning of a splendid endowment. We want to bring women to this course of study, and the time when a woman should come is following her graduation. She is then accustomed to study, she is filled with her first ambitions, and will benefit more by this course then than at any other time. But with that comes the dire necessity with the most of us when we first graduate of going out into the world and making a way for ourselves. A few hundred dollars at this particular time may make it possible for a woman to take a course either here or wherever she may desire. The beauty of such a scholarship fund is that we can begin to use the interest at once. This would be available for graduates fifty years from now as in our own time. This phase of it appeals to me particularly and I could not resist the temptation of saying it.

(The President resumed the chair.)

MISS COOKE.—MADAM CHAIRMAN: I move that the endowment take the form of a scholarship fund.

MISS NUTTING.—When the memorial to Mrs. Robb was first presented I naturally thought the first thing—for Mrs. Robb was interested in a good many things—of the matter of a chair distinctly for a teacher of nurses, for a department in which a nurse should be prepared for her work, the chair to be, as it were, governed by a board of nurses and the appointments made from them. Later experience has shown me that it is not always easy to govern matters in any institution and that there is sometimes no certainty how matters will take shape after they arrive there. I still believe that a chair would be a very excellent thing, but within the last two hours, since the matter of the scholarship has been presented, I am quite certain that a scholarship fund is one which Mrs. Robb would herself like better. Interested as she was in a chair, I am sure she would like better to know that eight or ten nurses should have profited by some enlarged opportunity for education. Because I have said so much about the chair, before I stop I want the opportunity of telling you that I really think the later decision is very much better. And also do I heartily agree with the suggestion that the benefits of that fund or offer should not be limited to any one institution or locality, but that if any one wanted to go to Teachers College where there is something of moment, they can go there and it might help them; but as Miss Delano suggests, and as Miss Dock suggested, perhaps we may see our fund open up in various parts of the country. So I could not keep silent without adding my appeal to those already presented that this take the larger and more immediate effect than a chair.

THE PRESIDENT.—The motion is before the house that this memorial take the form of a scholarship fund to be known as the Isabel Hampton Robb Fund. Carried.

The following subscriptions were then pledged to the Isabel Hampton Robb Memorial Fund:

|  |          |
|--|----------|
| Anna Maxwell, pledged to be responsible for..... | \$100.00 |
| Jane A. Delano .....                             | 10.00    |
| Dorothea M. MacDonald .....                      | 25.00    |
| N. L. Dorsey .....                               | 5.00     |

|  |        |
|--|--------|
| Miss Johnson, Louisville .....                       | \$5.00 |
| Marie L. Lustnauer .....                             | 10.00  |
| Eliza Bond Gray .....                                | 5.00   |
| Penelope Gray .....                                  | 5.00   |
| Mrs. John Luther Moyer .....                         | 25.00  |
| Mrs. Wm. W. Schloss .....                            | 25.00  |
| Elizabeth Tuttle .....                               | 5.00   |
| Regine White .....                                   | 5.00   |
| M. E. Wadley .....                                   | 10.00  |
| Miss Doe .....                                       | 5.00   |
| Minnie Rogers .....                                  | 5.00   |
| Mae D. Currie .....                                  | 1.00   |
| Harriet J. Fisher .....                              | 5.00   |
| Mary C. Stewart .....                                | 25.00  |
| E. McKnight .....                                    | 10.00  |
| N. Cadmus .....                                      | 10.00  |
| E. M. Ambrose .....                                  | 25.00  |
| Mrs. B. Gray .....                                   | 10.00  |
| Helen Wright .....                                   | 10.00  |
| Margaret A. Bewley .....                             | 10.00  |
| Janet Gordon Grant .....                             | 10.00  |
| M. A. Gattel .....                                   | 5.00   |
| Mary E. Buckley .....                                | 25.00  |
| Bena M. Henderson .....                              | 25.00  |
| Woman's Hospital of Philadelphia .....               | 25.00  |
| Roosevelt Alumnae .....                              | 100.00 |
| L. Perkins .....                                     | 5.00   |
| Laura Kreer .....                                    | 5.00   |
| St. Louis Training School .....                      | 10.00  |
| Nancy Ellicot .....                                  | 5.00   |
| E. G. Fournier .....                                 | 5.00   |
| Anna Rein .....                                      | 1.00   |
| German Hospital Alumnae of New York .....            | 25.00  |
| Rose M. Heavren .....                                | 5.00   |
| Hope Hospital Alumnae .....                          | 30.00  |
| Connecticut State Association .....                  | 100.00 |
| Hartford Hospital Alumnae .....                      | 25.00  |
| Elizabeth Gatzman .....                              | 10.00  |
| Marie A. Pless .....                                 | 2.00   |
| Charlotte Ehrlicher .....                            | 5.00   |
| Julia Stimson .....                                  | 2.00   |
| M. A. Gorter .....                                   | 5.00   |
| Mercy Hospital Alumnae of Baltimore .....            | 10.00  |
| Jefferson County Graduates' Club of Louisville ..... | 25.00  |
| E. Cuthbertson .....                                 | 5.00   |
| Emily M. Gent .....                                  | 25.00  |
| Brooklyn Hospital Alumnae .....                      | 25.00  |
| Jewish Hospital, Cincinnati .....                    | 10.00  |
| Moses Taylor Alumnae .....                           | 25.00  |

|   |         |
|---|---------|
| John Norton Memorial Alumnae .....                | \$25.00 |
| Hahnemann Hospital Alumnae of Chicago .....       | 100.00  |
| Kentucky State Nurses' Association .....          | 50.00   |
| University of Pennsylvania Alumnae .....          | 25.00   |
| Indiana State Nurses' Association .....           | 25.00   |
| Visiting Nurses, Chicago .....                    | 25.00   |
| Battle Creek Sanitarium Alumnae .....             | 50.00   |
| Nebraska State Association .....                  | 100.00  |
| M. Helena MacMillan .....                         | 25.00   |
| St. Luke's Hospital Alumnae of New York .....     | 100.00  |
| Rhode Island Hospital Alumnae .....               | 25.00   |
| Boston City Hospital Alumnae .....                | 50.00   |
| Miss E. M. Ambrose will be responsible for .....  | 100.00  |
| Miss A. D. Van Kirk will be responsible for ..... | 100.00  |
| Miss N. Cadmus will be responsible for .....      | 100.00  |
| Genevieve Cooke .....                             | 9.00    |

Total.....\$1815.00

The California State Nurses' Association will contribute, but will wait until after its annual meeting.

The Illinois Training School Alumnae is planning to dispense with its annual banquet for this year, giving the amount to the Memorial Fund instead .....

300.00

Miss Emily Gent will be responsible for raising..... 100.00

Total.....\$2215.00

Subscriptions pledged toward the purchase fund of the AMERICAN JOURNAL OF NURSING:

|   |         |
|---|---------|
| Minneapolis City Hospital Alumnae .....                             | \$15.00 |
| Graduate Nurses' Association House of Mercy, Pittsfield, Mass. .... | 10.00   |
| Northwestern Hospital Alumnae .....                                 | 10.00   |
| Hahnemann Hospital Alumnae, Philadelphia .....                      | 10.00   |
| Graduate Nurses' Association of Lafayette .....                     | 10.00   |
| North Adams Alumnae .....   | 5.00    |
| Grace Hospital Alumnae, Detroit .....                               | 15.00   |
| Indiana State Nurses' Association .....                             | 50.00   |
| Individual Members of Indiana Association .....                     | 8.50    |
| Wilkes-Barre City Hospital Alumnae .....                            | 5.00    |
| Margaret A. Pepoon .....  | 5.00    |
| Faxton Alumnae Association .....                                    | 10.00   |
| Medico-Chirurgical Alumnae .....                                    | 10.00   |
| Washington State Nurses' Association .....                          | 50.00   |
| M. A. Gartel .....  | 5.00    |
| Hennepin County Graduate Nurses' Association .....                  | 25.00   |
| Massachusetts State Nurses' Association .....                       | 100.00  |
| Helen Warburton .....   | 5.00    |



|   |          |
|---|----------|
| St. Luke's Alumnae, Chicago .....                       | \$100.00 |
| Methodist Episcopal, Philadelphia .....                 | 10.00    |
| Pennsylvania Hospital Alumnae .....                     | 25.00    |
| Bellevue Graduates .....                                | 50.00    |
| "Proposed Local Association of Nurses" of Richmond..... | 10.00    |
| Total.....  | \$543.50 |

Discussion on re-organization resumed.

Miss Parsons moved that we recommend to the Committee on Revision, that names to be placed on official nominating blank receive at least ten endorsements. Carried.

Miss Toupet moved that the meetings be open to all persons who wish to attend. Carried.

MEMBER FROM NEW HAMPSHIRE.—I move that the state associations remain as at present, affiliated, with one vote.

MISS COOKE.—At one of our committee meetings we discussed the plan of one representative for a given number in membership in the state associations, in a way similar to the way the alumnae associations are represented.

A MEMBER.—A great many members of alumnae associations are members of the state association, and we are members twice over already. Would not that complicate matters, if you give them more than that one vote that they have in the state association? Wouldn't it be voted over again?

THE PRESIDENT.—Our associations are so tremendously complicated with the work of the alumnae and the state associations and all kinds of conditions that we must try to work it out so that it may seem fair to everybody; then after we have the opinion and desire of the majority we must all put our shoulders to the wheel and see if we cannot make it a success.

MISS McISAAC.—It cannot be any more complicated than it is now; and I ask any fair-minded person here if it is right that New York, with thousands of graduate nurses in the association, should not have any more votes than Oklahoma, with probably twenty.

MISS RHODES.—I would like to say that we are not responsible for the size of our state any more than we are for the cut of our faces. Naturally New York is larger than Oklahoma, but should not we as a state have one vote until we have the thing so organized that the local associations come in through the state associations to the Associated Alumnae? Each state stands by itself.

MISS DEWITT.—Let's put it the other way around. Is it fair that Oklahoma, with perhaps thirty members, should pay as high dues as New York, with thousands?

MISS CADMUS.—Another question, is it fair to our states that the larger number of our members should be treated on the same basis as the smaller number? What I mean is this: the vote for each Alumnae Association is governed by its membership. The individual members in alumnae associations cannot send out one vote.

THE PRESIDENT.—We would like an expression of opinion. I believe in saying now what we have to say and then when the decision is reached, forever after hold our peace.

**A MEMBER.**—I represent New Hampshire. New Hampshire is a small state. We come here with only one vote and we vote on an important question, something that is intensely interesting, our President says, is an important subject. We have only one vote. New York is a large state. New York has one vote. You have probably a thousand members; we have only about one hundred and fifty; and we are paying just as much for our annual dues as New York state and we are entitled to just one vote and so is New York. The question should be settled fairly and we should receive equal benefit.

**MISS SEIDENSTICKER.**—It seems to me that this resolves itself into a question of representation according to numbers, just exactly as we elect our President of the United States, by our population and not by individual states. New York puts more votes in for President of the United States than New Jersey does. Why should not we in our organization follow those same tactics?

**MISS WILCOX.**—New York has many more alumna associations than any other state. She sends her delegates through the alumna associations which makes her look much larger than any other state. This matter was well discussed several years ago. It was then decided that each state association should have only one vote, the larger states being better represented by their alumna associations.

**MISS HILLIARD.**—In speaking along political lines, it is assumed that the votes are not represented politically; and in this we vote as alumna members, as county members, and as individual members; and it would seem to me to multiply the number of votes very materially and cause a very unfair advantage in the smaller places. It seems to me that ought to be considered.

**MISS SLY.**—**MADAM PRESIDENT:** I move that this question be referred to the committee with the recommendations which you have given and it will be reported upon next year at the convention for final adoption. Carried.

**THE PRESIDENT.**—It is recommended that the dues be graded for state associations; that for an association consisting of 75 or less, the dues be \$7.50; 75 to 100 members, \$10.00, and so on in the same proportion.

Miss Hilliard moved that this be referred, with the other questions, to the committee for consideration. Carried.

**THE PRESIDENT.**—Another question has been raised, regarding the interpretation of the by-law covering permanent members with a vote. This was considered at a meeting of the Executive Committee, and decided that the ruling might be "that members attending three consecutive meetings might vote at the third meeting, and not be obliged to attend a fourth one before voting."

**MISS RIDDLE.**—May I recur to a matter of history? When this paragraph was framed it was discussed just as it is to-day, and it was understood at that time that if a member was sent as a delegate and then came twice in succession, thereafter she would be considered a permanent member and entitled to vote at the close of that third session.

**THE PRESIDENT.**—In the past few years, we have allowed our secretary an honorary salary of \$100.00. Now I would like the authority of this convention given to the Executive Committee to increase this, or if you wish, state what the increase shall be.

**MISS RHODES.**—I move that the Executive Committee be empowered to increase this.

(The motion was seconded, put to a vote, and carried.)

THE PRESIDENT.—Now the question of the inter-state secretary is before you. There is no provision in the Constitution or By-Laws for this office, so it will be necessary for this to come from the floor; nominations for inter-state secretary are in order.

Miss McIsaac was nominated and elected unanimously as inter-state secretary.

THE PRESIDENT.—In planning out the work for the inter-state secretary, Miss McIsaac, I wish to remind you that while we wish we were in a position to pledge all the expenses in connection with the work, it will be impossible to do more than provide for the salary, but I feel perfectly certain that if we plan a trip so that the distances between places are not too great, that the societies wishing to have some one address them, will be very willing to defray the travelling expenses. Even though Miss McIsaac's work is mostly by correspondence, and this demand for her presence is not as great as we hope it will be, still we feel sure it is an experiment well worth trying.

#### REPORT OF ELECTION

President, Jane A. Delano, Washington, D. C.; vice-presidents, Helen Scott Hay, Chicago, Lucy Fisher, San Francisco; secretary, Agnes G. Deans, Detroit; treasurer, Mrs. C. V. Twiss, New York City; inter-state secretary, Isabel McIsaac, Benton Harbor, Mich.; directors: Isabel McIsaac, Benton Harbor, Mich., Anna C. Maxwell, New York City.

MISS DEWITT.—I would like to offer an expression of appreciation and vote of thanks to our retiring treasurer, Miss Davids, who has done such excellent work for us for so long a time.

THE PRESIDENT.—And may I, as the outgoing president, and the incoming president also, express my appreciation of the most friendly and delightful co-operation which I have received from Miss Davids. I want to tell you what a joy this past year has been to me, sometimes mixed with a little worry, but a real pleasure. And I am grateful for the help, the co-operation, and the inspiration I have obtained from the officers with whom I have been privileged to work—and I do consider it a real privilege—but whatever we have been able to do, or whatever we may hope to do this coming year, I cannot tell you how deeply I feel that it has been the work of all the officers, and that we have worked together. My only hope is that during the coming year I may serve you better than I have this. I think it takes about a year to learn the requirements of this association. But whether I do that or not I certainly shall try, and I must ask you from all parts of the country who are here to-day to carry back to your association the inspiration you have obtained from the meetings. It is very important that if we are to accomplish anything we must do it by working together. Our strength is not in the amount of money we are able to raise; but in our numbers and in the thing for which we stand. Now let us this year make up our minds as never before that we will work as one body of women, and no matter where we meet each other, let us feel that we are real friends and live up to the suggestions which Miss Hay presented to us so beautifully this afternoon. I thank you for the honor of being your president.

## REPORT OF THE COMMITTEE ON RESOLUTIONS

The Committee on Resolutions has prepared and begs to present the following resolutions:

*Resolved*, That the Nurses' Associated Alumnae of the United States extends its most grateful and appreciative thanks to Dean Russell of Teachers College.

To those who so kindly assisted in our instruction and entertainment at the Horace Mann Auditorium.

To the Committee of the Training Schools of Greater New York, to Miss Samuel, and to all individuals whose subscriptions and kindly help made possible the magnificent Florence Nightingale Exhibit, and the never-to-be-forgotten commemoration exercises.

*Resolved*, That we express our deep sense of obligation and warm thanks to the New York State Nurses' Association, the New York County Nurses' Association, and the Alumnae Associations of Greater New York for the cordial welcome and unflinching efforts to promote our welfare, comfort, and pleasure, also to the Reverend Henry Sloane Coffin for his invocation of the Divine blessing upon our assemblage, to Dr. Sigismond Goldwater for his inspiring address of welcome, to Miss Sara C. Tomlinson and Dr. Samuel Zwemer for their earnest and impressive appeals in behalf of the foreign missionary service, to Mr. Henry Griecom Parsons for his kindness in giving us an insight into "Garden work as a factor in the mental and physical development of the child," to Dr. Marion A. Mead and Dr. William Mabon for their interesting and instructive addresses.

To Miss Hitchcock, to the Board of Managers of the Bellevue, and to the Co-operative Committee of the Central Club House for Nurses for their gracious hospitality.

To Mrs. H. O. Havemeyer for her thoughtful kindness and courtesy in throwing open to us her wonderful Art Collection.

To Miss Maxwell and her able committee for their tireless efforts and perfect arrangements, whereby the business of the association has been expeditiously conducted and the success of the convention assured.

To the officers of the association who have so painstakingly conducted our meetings, and to all members who have prepared papers for our pleasure and instruction, our warm and sincere thanks are due.

*Resolved*, That in the death of our member, Mrs. Isabel Hampton Robb, the Nurses' Associated Alumnae has sustained a great and incalculable loss. To attempt to estimate what she has done for the uplift of her profession, what she has given in unselfish and unremitting service, what she has accomplished through her insight into difficult problems, would be as futile as the wish to do so, is earnest. In all large movements where breadth of vision and intellectual grasp were needed she was foremost. The enduring quality of many of these undertakings, and the devotion and loyalty she inspired in those who worked with her, are her best monuments, among which may be mentioned the organizing of the Illinois Training School for Nurses, the Training School for Nurses in connection with Johns Hopkins Hospital, the Society of Superintendents of Training Schools, and the Nurses' Associated Alumnae of the United States, and the founding of the Hospital Economics Course at Teachers College, Columbia University.

*Be it further Resolved*, That these resolutions be incorporated in the minutes of our association and a copy be sent to her husband, Dr. Hunter Robb.



*Resolved*, That in the death of Miss Elizabeth Upjohn, superintendent of the Out-Patient Department, Boston Consumptive's Hospital, we have lost a beloved and valued member, both to this association and to our profession, as well as a progressive and inspiring leader in the anti-tuberculosis campaign.

Respectfully submitted,

A. C. HARTRIDGE,

IDA F. GILES,

ADA PHELAN,

Committee.

It was moved that the next annual meeting be held in Boston. Carried.

It was moved that a letter of thanks be sent to St. Louis and Chicago for their kind invitations to hold the meeting in these cities.

The meeting adjourned, to meet in Boston, in 1911.

#### ANNOUNCEMENT OF THE INTER-STATE SECRETARY

THE work of the inter-state or field secretary is still an untried undertaking and like all new work will probably be characterized by more or less blundering until it has been worked out by experience.

The first request came from Minnesota, and the secretary will begin at the state meeting in St. Paul, October 11. It is obvious that unless the plans of the states are concerted, the expense will be unnecessarily great. As stated in the editorial pages of the July JOURNAL, the travelling expenses must be met by the societies requesting appointments, therefore, *the more numerous the requests, the less the expense to individual societies*. The inter-state secretary would, therefore, suggest that the states west of the Mississippi would ask for appointments between October 1 and December 20, and the states east of the Mississippi, between January 2 and April 1.

To still further avoid unnecessary expenditure, it is thought that from October 1 to the middle of November might be given to the northern half of the western states, on the outward journey, and the southern half of the western states from the middle of November until December 20, on the return journey.

All requests for October meetings should be in by the first day of September; all requests for November and December should be in by October 1, and all requests for the winter months should be in by December 20, as it will be almost impossible to make changes and new appointments en route.

While the inter-state secretary has been appointed by national organizations, it is the design to lend her aid not only to state societies, but to local alumnae associations, to graduate nurses' clubs, and to pupil nurses in the schools, who will shortly swell our ranks; in short, to help and advise in every possible way any group of nurses which is struggling to better nursing affairs, either local or general, and ultimately to strengthen our bonds until we are capable of doing great things for our profession.

Address all communications to

ISABEL McISAAC, Inter-State Secretary,  
Benton Harbor, Michigan.

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